Canada Mortgage
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Société canadienne
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de logement

Conference Proceedings

OPTIONS: Housing for Older Canadians

Halifax, Nova Scotia
Oct. 17-20 1988

Helping to
house Canadians

Canada

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OPTIONS: Housing for Older Canadians

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FOREWORD

In Canada today, 10% of the population is aged 65 and over. By the year 2000, using moderate growth projections, it will be 13%. By the year 2030, close to one quarter of the population will be aged 65 and over. But numbers do not tell the whole story.

Seniors are a heterogeneous population with diverse housing needs and preferences. Health directly impacts on need for support services. Those of lower income have more difficulty gaining access to appropriate accommodation. A growing number of seniors have sufficient income and assets, but may not be aware of what choices of housing are, or could be made, available.

Through ongoing research at Canada Mortgage and Housing Corporation, the need to expand the range of accommodation options for seniors became increasingly clear, as did the value of holding a conference to bring together the various key actors to discuss the emerging issue.

The Conference would provide a first-ever national forum for the cross section of people involved in housing for seniors: seniors themselves, builders and developers, financial institutions, health care and support service professionals, architects, gerontologists, non-profit organizations and government agencies at all levels. The goal would be to raise the awareness of the issues and opportunities among this diverse group, as well as stimulate dialogue and follow-up action.

To ensure that the Conference would meet the needs of the participants, CMHC invited associations representing these diverse groups to sit on an Advisory Committee, to assist during the planning stages.

The program evolved to consist of a mixture of plenary sessions and smaller concurrent panel sessions. Experts were invited to speak on support service issues and financial considerations, as well as the physical aspects of housing.

The Canadian experience was complemented by the participation of international speakers who had, in one way or another, developed creative solutions to meet the challenge in their own countries. These individuals also agreed to make special presentations in the popular "International Showcase Sections."

To enhance these activities, private, public, and third sector exhibitors provided a focus for stimulating ideas and discussions.

The Conference also provided an opportunity to present the winners of the CMHC-sponsored Awards Program for Excellence in Housing for Seniors.

While immediate reaction hailed the Conference as a great success, its final success will be measured by what follows. To this end, a series of Provincial/Territorial sessions is being developed that will hopefully take the ideas and issues raised at the Conference into a wider context, making the transition from theory to practice.

These Proceedings, which are a summary of each of the sessions at the Conference, should assist in this process. For those who wish to have verbatim reports, audio cassette tapes are available for each of the sessions summarized in these Proceedings, and videotapes are available for the Plenaries and International Showcases. This, and other reference material related to housing for seniors, is available by contacting:

Canadian Housing Information Centre
CMHC National Office
682 Montreal Road
Ottawa, Ontario
K1A 0P7

These Proceedings are a report of a Conference — one point in time. The challenge is to use the contents in a positive and concrete way to ensure that older Canadians will have access to a wide range of affordable and appropriate housing options. It is up to the reader to generate the next steps, or to paraphrase the wrap-up session of the Conference — "Make It Happen."

GET ORGANIZED NOW, JARVIS ADVISES

The Chairman of the Canada Mortgage and Housing Corporation, Robert Jarvis, opened *Options: Housing for Older Canadians* on October 18 by welcoming the delegates to Halifax and presenting them with a challenge.

Describing the meeting as the first of its type in Canada and one of the most important to be held in the past decade, Jarvis underscored the need to get started immediately on the effort to address seniors' emerging housing needs.

"As we move into the next century, the population is aging, and its demographic makeup is changing along with its housing needs," he explained. "This conference is an opportunity to get to get to know the people who will be the principal players in creating that housing."

Although the seniors' population boom does not represent an immediate crisis, Jarvis stressed the importance of "organizing our housing resources now — allocating our money and our skills to make sure that what we build and decide is correct."

Pointing to the exceptionally large number of international experts among the conference delegates, he noted that the responsibility for effective action must still rest with every participant. "It's not just them, but you interrelating with each other — putting something of yourself into the conference — that will help us to change and create the future."

"Please participate," Jarvis urged delegates, "not only in the future, but starting tomorrow."

Opening Plenary

MINISTER CALLS FOR "SUPPORTIVE ENVIRONMENT"

After warm and lively welcomes from Halifax Mayor Ron Wallace and Nova Scotia Premier John Buchanan, Public Works Minister Stewart McInnes set the stage for a busy and productive three days.

McInnes said the effort to meet the housing needs of Canada's growing senior population will challenge "all levels of government, communities, the business and voluntary sector, as well as individual Canadians, to work together to build a supportive environment that will enable individuals and families to make informed choices about the way they will live."

The Minister predicted that the upcoming boom in the senior population will be "enormous and all-pervasive." Today, he said, "10% of the population is 65 years of age or older. But in just four decades, that group will represent 25% of Canadians."

The presence of such large numbers of seniors will inevitably produce demands for changes in society at large. "No segment of society will be untouched," said McInnes, "and responses to this change cannot be mere recitations of past efforts." Rather, the situation will call for a strong and serious commitment to innovation and change.

"In the future," McInnes said, seniors "will be healthier, wealthier, more discriminating, and accustomed to having choices. They will expect products and services tailor-made to their values, interests and capabilities." With that in mind, he said it would be foolhardy to look at housing strictly as shelter. Tomorrow's seniors will demand a choice of accommodation and services, and "many seniors will want to stay in their homes and have assistance available from their neighbourhood."

Beyond the demand for community-based services, McInnes predicted that this shift in seniors' expectations will lead to a new financial challenge. "If they do choose to stay in their homes," he warned, "we must have mechanisms to ensure that the house is an asset, not a liability that could reduce their standard of living or threaten their physical well-being." This will mean finding ways for seniors to effectively use the equity they have spent a lifetime building.

Other possibilities will include moving to smaller, more convenient homes or seeking out communities where elders can find friends and neighbours with similar interests.

The common denominator of all the various seniors' housing options will be the need for changes in perception, and in the course pursued by all of society, McInnes said. "How we manage this change is dependent on how creative and daring we are prepared to be; how willing we are to respond; and our enthusiasm for working together."

Plenary 2

IMPLICATIONS OF A DIVERSE AND CHANGING POPULATION

Moderator:	Joel Aldred National Advisory Council on Aging Health and Welfare Canada
Panelists:	Gordon E. Priest Director Housing, Family and Social Statistics Division Statistics Canada Ottawa, Ontario
	Evelyn Shapiro Associate Professor Community Health Sciences Faculty of Medicine, University of Manitoba Winnipeg, Manitoba
	Dr. Barry D. McPherson Dean of Graduate Studies Sir Wilfrid Laurier University Waterloo, Ontario
	Dr. David M. Macfadyen Former Chief Health for the Elderly World Health Organization Copenhagen, Denmark

The session began with a review of the demographic projections that underlie the new emphasis on seniors' housing in Canada.

Gordon Priest told participants he felt "like the ghost of Joseph Marley, when he told Ebenezer Scrooge he'd be visited by three spirits: of the past, present and future."

Just like Scrooge, Priest said, today's society is being visited by the same three spirits — with an emphasis on the future.

By the year 2001, Canada's male population over the age of 65 will be double that of 1971, Priest said, while the female population over 65 will increase by two and a half times. Significantly, one-third of the elderly males and half the elderly females will also be over 75.

Incomes and Shelter Costs

Priest presented data showing that the real income of most seniors has increased in recent years and that shelter costs have improved for homeowners, but have deteriorated for renters. Between 1981 and 1986, the percentage of Canadians over 75 who had to pay more than 30% of their income for shelter dropped for homeowners (from 19.2% to 15.4% for men; from 27.3% to 21.2% for women) and increased for renters (from 41% to 46% for men; from 48% to 52% for women). This development has created a "polarization of the elderly population, depending on whether they rent or own their homes."

Living Alone or in Institutions

If current trends in living arrangements and institutional care continue, Priest said, "we'll increasingly see elders living alone or in institutions, rather than with others. And a large number of those living alone will be women...by the year 2001, close to a quarter of women 75 and older will live in institutions, while half will live alone."

While demographic reports are often taken as predictions, Priest emphasized that the future is already here: "Between the years 1986 and 2001, an additional 285,000 senior citizens will start to live alone," he said, comparing that number to the total population of a city like Halifax.

Over the same period, an additional 143,000 seniors — the equivalent of the population of Sherbrooke or Thunder Bay — will enter institutions, Priest said.

"The changes in demographics present the most challenges," he told participants. "And, like Ebenezer Scrooge, the choice is yours."

Evelyn Shapiro, an advisor to the provincial government on seniors' policy, focused on the health and social context of seniors' housing choices. "Housing is not only shelter. It can also enhance or hinder their health and independence."

While many current programs generalize about the elderly and their needs, she said, "elderly persons are as different from one another as the rest of us." Shapiro stressed that this means different programs and options will be required for each senior citizen.

Overprotecting Is Costly

Two-thirds of senior citizens rate their health as good, Shapiro said, demonstrating that sickness is no longer a guaranteed part of aging. That means that many more elderly people can live by themselves, in their own homes, for much longer. "Overprotecting the elderly is costly," she said. "Encouraging their independence is the solution," even though the cost of keeping some elderly people at home may exceed the cost of institutional care.

Shapiro said that this concept will lead to a revolution in seniors' housing, one that will reverse the current trend towards institutionalization. For seniors, and for the health care system as a whole, the change could not come too soon: "If we don't adapt our current housing stock, we'll have to close beds or use them for people who don't really need them."

Shapiro identified living alone as the biggest risk factor that forces a frail or disabled elderly person to move into an institution. She suggested that encouraging these persons to share living arrangements, or to locate close to family and friends, could be solutions for some seniors. Pointing out that most elderly people prefer to remain at home, Shapiro indicated that important trends will include adapting existing housing, expanding community services, developing programs to provide social support, making greater use of volunteers, and sponsoring research into seniors' needs.

In health services, Shapiro said, future trends will reflect a shift away from nurses visiting the elderly, to less expensive local support groups. As well, she said, technological innovation will yield a range of new devices to help older people remain in their own homes.

Individualized Choice

Dr. Barry McPherson reinforced the message that seniors prefer to remain in familiar, individualized settings wherever possible. "It's a myth that all elderly have the same needs, interests and lifestyles," he said, and chronological age is not an appropriate measure of an individual's housing requirements. Instead, greater attention should be paid to the specific problems and concerns that each individual brings to the assessment of his or her housing options.

McPherson said an older person's housing choice reflects a variety of factors, from social class and socioeconomic status to education, ethnicity, marital status, family size and health. "Each person carries different values and experiences," he stressed, noting that a "young elderly person would have different views on money, housing and leisure than a frail elderly person would."

Social patterns are also changing, McPherson noted. For the growing number of older, single adults who have always lived alone, "living alone in old age won't be so traumatic." Similarly, while many seniors today are wary of apartments in high-rise buildings, the next wave of older people will include a great many individuals who will always have lived in such complexes. As well, he predicted that older women will be more accustomed to making their own decisions, and will thus be more independent, in the future.

McPherson stressed the benefits of developing policies and programs that can be tailored to meet local requirements, and he identified the need for better information, at the local level, to support such initiatives.

A Range of Options

All these factors point to the need for a range of housing options, McPherson said. "One solution may be convenient and easy to design, but it may not be attractive to everyone."

Dr. David Macfadyen examined the implications of increasing life expectancy and the rapid rate of growth in the over-75 population in Canada (which is ten times higher than the rate in the United Kingdom). He cited American studies showing that gains in life expectancy have also added to the years during which elderly people experience health problems, and indicated that Canada can, therefore, expect significant increases in the number of seniors with chronic disabilities who require long-term care.

Pointing out that, after the Netherlands, Canada has the highest rate of institutionalization in the world (50% higher than the rate in the United States), Macfadyen said that the World Health Organization will soon publish a report which deals with alternative ways of providing long-term care. This report indicates that housing programs can provide community options that are both preferred by older persons and capable of precluding institutionalization. Policies that support such programs must bridge social, health and housing policies and local and national governmental jurisdictions. The report also points out that these policies will often involve public and private (both nonprofit and for-profit) sectors in providing the necessary options. The report concludes that without appropriate housing choices, many older people will continue to be inappropriate consumers of long-term care services.

Macfadyen suggested that housing should be designed so that it is easily adapted to changing needs. "It's better to have housing that's appropriate for all members of the community," he said. "This keeps elders in contact with other members of their communities."

REMEMBER THOSE IN GREATEST NEED, BONISTEEL URGES

In an impassioned luncheon address on the opening day of the conference, CBC television host Roy Bonisteel called for an approach to seniors' housing that provides real options for people with limited incomes. Drawing on his experience of growing up on a farm in Trenton, Ontario, and his years of religious broadcasting, Bonisteel stressed the need to remember those seniors who need care the most.

The white-haired broadcaster recalled that he had grown up at a time when older people were considered an important part of life, rather than a problem. "It was normal then to give your elderly parents a home," Bonisteel noted. "In the past, great age was so unusual, it was honoured and respected. But with today's technology, people are considered obsolete, even at the age of 50."

"The theme of this conference is that tomorrow's seniors will require a greater variety of housing options, and will demand innovation," said Bonisteel. But "not a hell of lot gets done for the homeless without government money." He suggested that the private sector will have to make a greater effort to consider the needs of these "less-profitable" seniors. Otherwise, our success at building options for well-off seniors will also be "a benchmark for our failures."

Caring for Everyone

Bonisteel noted that younger people often tell themselves the best place for their older parents or grandparents is in an institution. "We tell ourselves that's what they want," he said, "and sometimes it is." But too often, the decision reflects the "buy now, pay later" approach that society applies to everything else. "Our consumer society caters to this selfishness," he said, and how can we care about the elderly when "we don't even care for the future generation or the people we now share the planet with?"

"Duty, loyalty, patriotism, discipline, stoicism — all these words are out now," said Bonisteel. "We talk a lot about caring, but perhaps that's because we perceive there's little going on."

"When I was a boy," he remembered, "we didn't talk about caring, yet we knew we were loved and loved others." Today, seniors aren't considered productive, so protecting their health and environment is not our top priority. Yet "it seems to me being human means being a burden — that's why we're here — and it's a joy to be a burden to each other."

Bonisteel said caring for seniors won't become a priority until society learns to care for everyone: "We have the knowledge and opportunity to make things better and to create a caring society...all we really lack is the will."

Concurrent Panel 3a

AGING IN PLACE — THERE ARE STILL CHOICES

Moderator:	Josef Ger Principal, Real Estate Services Division Laventhol and Horvath
Panelists:	Leah Dobkin Housing Specialist American Association of Retired Persons Washington, D.C.
	Marguerite Chown President Manitoba Association of Retired Seniors Winnipeg, Manitoba
	Danielle Maltais Coordinator Gerontology Program Department of Community Health Montreal General Hospital Montreal, Quebec

Seniors are individuals who want and deserve as wide a range of housing options as the rest of the population. But panelists in the session on aging in place agreed that many obstacles remain to be overcome if meaningful alternatives are to be offered.

The issue is of fundamental importance because "only with choice do you have control," said Leah Dobkin. In the years ahead, it will be necessary to provide seniors with impartial counselling about the choices available to them, and to build coalitions to identify elders' needs and overcome the barriers to different housing options.

The panelists identified three basic strategies that must be implemented to promote aging in place.

- Provision of adequate and accessible support services.
- Individualized modification of the elderly person's environment.
- Development of innovative financing options, and financial assistance where necessary.

Focus on Lifestyle

Dobkin also focused on sharing as a fourth strategy. For seniors who are willing to accept lifestyle changes, the following ways of sharing their homes can provide opportunities for companionship, support and supplementary income:

- Homesharing, where unrelated adults share a living space, and sometimes exchange services like cooking or yard work for reductions in rent. It is important to only match people with realistic expectations;

- Accessory apartments, where a secondary unit is incorporated into, or added to, a single-family home;
- Garden suites, known as granny flats, where a detached unit is installed on the site of a single-family home. Seniors who wish to stay on their home site may install a garden suite for their own use and make the principal residence available to family or friends;

Dobkin said zoning regulations and social attitudes — the 'Not In My Back Yard' or NIMBY syndrome — are the main barriers to these nonstandard housing options. She said it is not uncommon to find two groups of residents, each including seniors, behaving like enemies in the same neighbourhood: While one camp advocates regulatory change to make room for new approaches to housing, the other resists, for fear that the character of the neighbourhood will change. A great many seniors in the United States are now aging in place in what are becoming known as "Naturally Occurring Retirement Communities" (NORCs). Dobkin defined NORCs as existing multifamily residential developments in which at least 50% of the residents have aged to senior status. They exist in most neighbourhoods and are often strategically located. What usually makes them work as retirement communities, said Dobkin, is the presence of a nonprofit corporation that delivers the necessary services to the seniors in their homes.

Dobkin also drew attention to other ways to enable increasingly frail seniors to remain in developments that were originally intended for independent living only. Options include dedicating and modifying part of the existing accommodation, or using part of the existing site to build new accommodation, to provide a more supportive environment.

Marguerite Chown recalled her own experience in selling her home of 40 years and purchasing another one that could more readily be adapted to meet her functional limitations (i.e. single level, grade access). The change was motivated by "the desire to maintain an independent lifestyle," and "to keep the things I treasure about me," she said. Above all, Chown expressed a "horror of living only with seniors...I want to feel in touch with all generations, not just people of my own generation." She presented a slide show that illustrated the steps she had taken to adapt her new home to her personal needs and preferences. A video based on her presentation is available from CMHC.

Adapting the Environment

Dobkin reported that American programs supporting adaptive modifications to seniors' homes are "very disorganized and scattered — (there is) no cohesive program to handle this." She did, however, identify some local initiatives that show promise, including the following:

- "Modifying Environments for Older People," a program of services such as home repairs, home energy efficiency and home safety;
- Home safety programs, which include such injury-prevention strategies as re-positioning furniture and using appropriate colours;
- Promotion of innovative no-cost or low-cost "Adaptive Devices," which can help older people to function better in their homes;
- The provision of "Personal Emergency Response Systems."

Danielle Maltais pointed to the need to counteract the burgeoning costs associated with the health problems of elderly people. She suggested that our society must devise and implement measures to minimize increasing dependence and encourage the maximum use of residual autonomy. She stressed the urgent need for programs to adapt housing, as one of the ways of compensating for the functional limitations of frail seniors, and described the results of a pilot project in which 200 homes were adapted at a cost of approximately $500 per dwelling. The project involved rearranging rooms and furniture, installing technical aids and low-cost modifications to the dwelling.

A report on this project, "Older People and Their Homes; A Guide to Home Adaptations to Promote Independence," will shortly be available from CMHC.

The key, said Maltais, is not to overadapt: "The aim is to allow elderly people optimal use of their remaining potential and strengths," by focusing on those restricted activities that contribute most to an individual's potential quality of life.

Maltais suggested that a comprehensive program to adapt seniors' housing should include the following components:

- Establishment of an intervention team, led by an occupational therapist and having access to gerontological professionals, a physiotherapist to identify functional problems, and volunteer or apprentice carpenters to reduce project costs;
- Extensive consultation with elderly persons and their families or housemates;
- On-going evaluation and adaptation as capacities decrease;
- Linkages with existing seniors' advocacy groups to ensure the viability of interventions while avoiding the creation of new structures;
- Support from municipal authorities to ensure cooperation should the need arise for major renovation or accessibility work;
- Close cooperation between health, social service, and housing agencies or departments.

Dobkin and Maltais agreed that the phenomenon of "shrinking life-spaces," where seniors stay home much of the time, makes good-quality, accessible housing an important factor in the overall quality of life. "Shrinking life-spaces" relates not only to the environment outside the house or apartment but may also involve impediments to utilizing parts of the interior. Dobkin pointed out that falls and fires are among the leading causes of accidental death among the elderly, and identified personal emergency response systems and other security adaptations as a big plus to seniors who live alone.

Wider Support Needed

It's also important to recognize, Maltais continued, that housing adaptations are not in themselves sufficient for many elderly people who wish to remain at home. Family, community, and government assistance is often required in areas of health care, social services, transportation and income maintenance. "We must rethink our support models," she said, and "reorient our social and economic policies," recognizing that measures to promote independent living are really a preventive approach to meeting seniors' needs and controlling the cost of assistance programs at a time of rising demand.

Dobkin cited a number of innovative care models that have been developed in the United States, including adult care centres (both rehabilitative and respite care models), live-in companion services, and life-care at home. In addition to formal programs, many families are becoming involved in informal networking and bartering of services. She observed that considerable attention is being focused on care-givers and that, in the last year, a great variety of public and private care-giving support programs have been established. These include initiatives to achieve the following:

- Train care-givers;
- Provide information on sources of care-giving and respite care;
- Identify and train "living companions" to provide services such as housekeeping, cooking, transportation, and personal care. (This is seen as an important contribution, given the growing shortage of care-givers and the potential for shared housing);

- Provide "home assessment" and "case management" services to help older consumers and their families assess their needs and identify and evaluate their options.

Financial Difficulties and Options

Chown remarked that financial difficulties often present the biggest challenge to seniors who wish to age in place. Even simply moving to a more suitable dwelling involves a very important decision-making process — not the least important aspect of which is the relative cost, including costs of rehabilitation. A supportive network is necessary to assist seniors in evaluating these options.

Dobkin identified a variety of financial options, now available in the United States, that can help seniors stay in their homes. These allow seniors to use home equity through instruments such as the following:

- Deferred payment loans, to help people modify their homes;
- Tax-deferral programs, under which property taxes are not paid until a house is sold;
- Sale lease-back models, which provide for a homeowner to sell his/her home, but retain lifetime rights to occupy the unit as a tenant;
- Life-estate models, in which a nonprofit organization advances monthly payments (based on equity value) to a senior homeowner, who, nevertheless, retains ownership for life, unless he/she decides to sell the home;
- Reverse mortgages, which may be short-term, split-term, or long-term and allow seniors to tap their equity and obtain ongoing income or lump sums;
- Credit lines, which have been introduced by estate finance agencies to provide seniors with the flexibility to borrow varying amounts according to their changing needs.

The United States federal government recently introduced the Home Equity Conversion Demonstration Program, which provides for up to 2500 transactions over the next three years. The object is to raise awareness and stimulate interest in this type of option for seniors.

Many seniors are also using extra space in their homes to start a business and supplement their income, Dobkin said. For example, the American Bed and Breakfast Association estimates that 50% of its members are seniors. Some seniors even allocate part of their homes to provide respite care.

Concurrent Panel 3b

SHARED HOUSING — OPPORTUNITIES FOR MUTUAL SUPPORT

Moderator:	Lillian Morgenthau President Canadian Association for Retired Persons (CARP)
Panelists:	Sharon Peebles Coordinator Housing Registries Office Regional Municipality of Ottawa-Carleton Ottawa, Ontario
	Dr. Gordon F. Streib Graduate Research Professor Department of Sociology University of Florida Gainesville, Florida
	Allan J. Snowie Chairman Abbeyfield Housing Society of Guelph Guelph, Ontario

Moderator Lillian Morgenthau introduced the crowded session by describing her role in CARP, an organization created to "improve the quality of life for mature persons." She expressed her hope that the conference would bring changes in the kind and quality of shelter offered to one out of every four Canadians. Pointing to homesharing as a vital option for seniors, she noted that a greater proportion of Canadians will require services now targeted for seniors as the baby-boom generation ages.

Reasons for Sharing

Medical social worker Sharon Peebles described the factors that lead people to opt for shared housing, and underscored the importance of the "matching process" in ensuring the success of homesharing initiatives.

Homesharing and its cousin the small group residence have been available to Canadian seniors as an organized housing choice for less than ten years, she said. In homesharing, a senior (the "home provider") usually stays in his or her family home, but is joined by another person or persons (the "home sharer").

Sharing is usually prompted by financial need resulting from rising housing costs, the loss of a spouse, the desire to stay in one's home as long as possible, the wish to have companionship and for someone to care for and about one, the need for help with chores, or the influence of changing lifestyles. Seniors who share their homes can stay in their neighbourhoods and maintain their independence longer. The community at large benefits through greater efficiency in the use of existing housing, as is often the case with small group homes.

Seniors' group homes attract individuals who wish companionship, but do not want to enter an institution, and cannot afford or maintain a home of their own.

Peebles noted that homesharing is rarely a first choice. The lives of those who seek out sharing arrangements are most often in transition: for example, they may be recently widowed or divorced. Students and young couples may choose to homeshare with a senior for financial reasons, or because they enjoy helping out someone. Since home sharers are generally younger than home providers, she said, the providers usually are looking for more permanent arrangements. Homesharing match-up programs must take these dual agendas into account. Intergenerational arrangements seem to be most successful.

There are a number of disadvantages to homesharing, Peebles noted. Most programs are geared to healthy, active seniors; they do not tend to work well for those who require a lot of care. There is often "a grey zone," she said, "between a housekeeper and a home sharer." Families of providers can also be a problem, if they attempt to speak on behalf of the senior, or oppose having someone else in their relative's house. By the same token, they may expect the home sharer to take care of the provider in unrealistic ways.

Loss of privacy can also be difficult, Peebles said — especially for providers, who must cope with someone else in their own home. As well, there are obvious risks associated with taking in a stranger. "It's a calculated risk, " she noted, "but if the need for change is there, it's a risk well worth taking."

Peebles stressed that matching agencies do not make decisions for people, they are just helpers. She identified flexibility, adaptability and sociability as characteristics that contribute to a successful match. The ability to communicate is also very important in maintaining a good relationship.

"Does it work?" asked Peebles. "Overwhelmingly, yes. Homesharing is not a panacea, but for those who prefer their own home and community and friendship, it is a real option."

The Small Group Home

Dr. Gordon Streib focused his presentation on the structure, services and lifestyle of small group homes. As co-author of the recent book *Old Home, New Families: Shared Living for the Elderly*, Streib had the opportunity to study nonprofit shared group housing, as well as "mom and pop" congregate living facilities that operate as private businesses.

Streib said small group homes in the United States range widely in size, funding arrangements, quality of care, type of clientele and staff, and services and facilities. In Florida, fees charged in private facilities range from $486 to $1800 a month, with concomitant differences in services. Most small group homes are located in existing buildings; Streib and his co-author could find only one, in Chicago, that had been built for the purpose.

Clients in both types of facility are generally entering the "old-old" age range of 80 or over. Although most clients are happy to be where they are, most have moved in — or have been moved in by families or physicians — because they lack any other choice. "The shadow of the nursing home looms large" for many, Streib noted. Most residents are actually in poor enough health to be eligible for nursing homes; legally, however, small group homes cannot be licensed to provide nursing care. Most do so in any case, and state authorities turn a blind eye because the system costs are so much less than those in a legal nursing home.

Problems occur, however, in both the nonprofit and commercial operations. The pressure to get people out of chronic care hospitals, which are very costly, is enormous. It is very difficult to find a place for persons who cannot return to their homes and have no relatives in the vicinity, so often the only choice is a small group home. As the people who run these facilities want to keep their beds occupied, they take people who are sicker or frailer than they should to live in this type of accommodation. "This, of course, is the negative side of these shared facilities in the U.S.A.," said Streib. Another difficulty is that personalities can often shape the home environment, and affect the quality of life for residents.

"Government does have a role to play in the evolution of congregate living and small group homes for the elderly," Streib said. This can include providing mortgage insurance and financial support in areas such as group organization, renovation costs and operating subsidies. "Residents' quality of life can be improved by proper operating controls."

Relief of Loneliness

Allan J. Snowie appeared on behalf of the Rotary Club of Guelph, which has been instrumental in setting up the local branch of the Abbeyfield Housing Society.

Abbeyfield Societies originated in Britain, Snowie said, and have just recently begun to establish themselves in Canada. An autonomous organization, Abbeyfield Canada holds to the basic philosophy of the Abbeyfield movement. Its aim is to provide seniors with a comfortable, affordable home, in the community where they have lived most of their lives; a residence where independence is respected, but needs are met. The Guelph branch of the society is now in the midst of its first home conversion.

Commenting on a British-made slide show on the Abbeyfield concept, Snowie noted that "the care of our elderly becomes a test of our humanity — not only to help, but to give the right kind of help. The one certainty in our lives is that most of us will live to be old." Abbeyfield aims to relieve the loneliness and isolation that over half of British seniors experience, while providing a means of avoiding institutionalization in a nursing home or hospital.

While the 1,000 or more Abbeyfield homes across Britain come in all shapes and sizes, Snowie said they have several features in common. Up to ten people are accommodated, usually in a renovated older home, with a live-in housekeeper. Two meals are provided each day. The homes are indistinguishable from other residences in their neighbourhoods. Residents have their own bed-sitting room, with their own furniture and central heating (an important consideration in Britain); the housekeeper shops, runs errands and prepares meals, but neither supervises nor interferes with the residents' activities.

When seniors are lonely and isolated, home maintenance, nutrition, and personal care all suffer. Abbeyfield homes relieve loneliness while enabling residents to maintain independence. As a result, Abbeyfield residents are both happier and fitter, and are less likely than the average British senior to become frail.

Volunteer house committees are crucial to Abbeyfield's success, providing a link to the world outside while playing roles in both house management and the meeting of social needs. Adequate start-up funding is also crucial. Once established, the houses are expected to be self-funding and self-sufficient. A weekly stipend pays for food, lights, utilities, the housekeeper's salary, house repairs and mortgage payments.

Snowie said his group has identified two key challenges to be addressed in establishing a broadly accepted program in Canada. First, on the public relations side, the word "Abbeyfield" must be equated in the public mind with "cheerful and contented seniors." Second, fund-raising is critical, especially in assembling capital for house acquisition. In Sydney, Kelowna, Saanich, and Oak Bay, British Columbia, heritage homes were donated to the Abbeyfield Societies and restored, so that the community reaped a double benefit.

In Guelph, a long-term lease was eventually secured on church-owned property. Government programs for nonprofit housing may yet be a source of start-up funding, and residents may be eligible for support in the form of rent subsidies. Rotary members are supplying architectural design, legal advice, and building materials.

One area of concern is local planning provisions, especially land-use bylaws. In Guelph, Snowie said, the Abbeyfield project comes under "lodging house" provisions, which are inappropriate for the actual use, but the local municipal plan lacks any definition of sheltered housing. "Municipal governments can clearly assist in eliminating bureaucratic, red tape obstacles," he noted.

While the Abbeyfield concept may be relatively new to Guelph, the need is clear — and growing. A recent survey by the local United Way found that 16% of Guelph seniors were already living in supportive housing, and the rest may need assistance sooner or later. "Loneliness is the number one problem as you age," commented Snowie. "Friends, lovers, spouses pass away. The elderly need love, companions, and security, and the Abbeyfield system is designed to meet these needs. Think small, think family — that's Abbeyfield."

Questions and Answers

Peebles acknowledged that in a homesharing arrangement a more able person could take advantage of a frail person, but expressed the view that, if an agency is involved, the situation could be remedied quickly.

Interest was evident when a new option being initiated by The Dartmouth Share Agency was described. It combines homesharing with homemakers and it may work well for the frail elderly.

Peebles expressed the view that homesharing could work in rural areas, while acknowledging that it is difficult to get people to move from the city to the country.

Snowie suggested that farmers' co-ops and church groups could succeed in establishing Abbeyfield houses in rural areas.

Concurrent Panel 3c

ALL IN ONE PLACE — CONTINUUM OF CARE COMMUNITIES

Moderator: Albert DeFehr
Past President
Canadian Home Builders' Association

Panelists: Dr. John Zeisel
President
Building Diagnostics Inc.
Boston, Massachusetts

Norm Seib
Administrator
Circle Drive Senior Citizens' Home and
Circle Drive Personal Care Home
Saskatoon, Saskatchewan

Dr. Gloria Gutman
President
Canadian Association on Gerontology and
Director
Gerontology Research Centre
Simon Fraser University
Burnaby, British Columbia

Participants in this workshop were treated to a lively debate on the pros and cons of Continuing Care Retirement Communities (CCRCs), a seniors' housing option that has undergone a clear transition in the United States.

Dr. John Zeisel opened the session by tracing the shift in emphasis in CCRCs in recent years. In the United States today, CCRC residents are driven more by desire and less by need than in the past, he said. Though security is still the main reason for entering a CCRC, projects are unlikely to succeed unless marketing strategies emphasize independence.

When CCRCs were first launched by the Quaker community in Philadelphia, the average resident was 85 years old and the message was "give us everything and we'll handle it," Zeisel said. But today, most residents move in at about 75 years of age and are more interested in living independently, in a "country club environment," knowing that services are available if they need them. However, it must be noted that the move-in age is not dropping as low as 60 to 65, as this is very important in assessing potential markets. Recent marketing initiatives suggest that phrases like "service-enriched housing options" and "independence through interdependence" will be successful in attracting potential residents.

CCRCs combine shelter with social, health and support services, and the implication of this, said

Zeisel, "is that you must have representatives from very different industries, working together in ways that they have never worked before, to provide quality and successful retirement communities." The actors include the real estate developer, the banker, the architect, the health provider, the service provider and the property manager.

Zeisel drew the following comparison between historical approaches to CCRCs and current practices and trends, in the areas of sponsorship, financial arrangements and services:

- Sponsorship: Historically, CCRCs have been sponsored by nonprofit organizations, usually affiliated with hospitals and churches, while today more private developers are moving into the industry. These new developers are relying on a network of service providers rather than their own expertise. They are also entering into cosponsorship arrangements with hospitals and local nonprofit organizations as well as with organizations that can provide on-going management expertise. These joint ventures are becoming more prevalent as a way of putting together multidisciplinary teams;
- Financial Arrangements: Historically, clients purchased life-care contracts and the providers of shelter and services were self-insured. Today we are moving towards cooperative, condominium and rental forms of tenure. Insurance programs are used to guarantee health care, with part of the initial and ongoing fees dedicated to cover premiums. New financing mechanisms are emerging that meet the essential criterion of avoiding or minimizing risk exposure for both residents and sponsors;
- Services: Historically these have been low-key hotel-type services, including meals and housekeeping, together with nursing care. Today a wider range of services are being provided with equal emphasis on three areas: hotel services such as dining, housekeeping, transportation and concierge; resort services such as activity programs, speakers, films, etc.; and health maintenance support, in addition to health services, which are often provided in clients' homes to avoid them having to move into medical facilities.

Independence, Not Dependence

Zeisel cited a recent American study showing that although a higher percentage of seniors in CCRCs use nursing home services (in their CCRC), their period of stay is usually days or weeks, rather than months, as is the case in ordinary nursing homes. Therefore, in total, CCRC residents use less nursing home care than seniors living outside CCRCs. As Zeisel pointed out, this shows that nursing homes in CCRCs provide support for independence, not dependence, because occupants know "it is there for me when I need it and I'll come back out as soon as I can."

The increased use of CCRCs has been reflected in a considerable drop in the popularity of nursing homes. Since residents get just the level of support they need, CCRCs can stress independence, not dependence, in their marketing. This is important for a group of consumers who often own $250,000 homes, are intelligent, and have ready access to sound market advice.

Regulation of CCRCs in the United States has been similar to that for nursing homes, with emphasis on consumer protection. Zeisel indicated that with the growing involvement of the private sector, regulators are now also addressing the issue of ensuring that the industry is a healthy one.

Zeisel offered the following rules of thumb for project success:

- Correctly assess and understand the market (many people overestimate the market and this leads to failure);
- Meet people's need for peace of mind and security (financial, medical and social);
- Make sure that all steps (market research, project conceptualization, project development, operation and staffing, leasing and marketing, project image) are coherent and fit within market requirements;
- Ensure that everything is achievable by the team that is putting it together.

A Canadian Approach

Norman Seib said the two Circle Drive facilities he administers — a 50-bed nursing home and a 100-unit apartment complex — were established in 1986 and 1987, respectively, based on a 1983 needs assessment. The Circle Drive Alliance Church, which is also located on the 25-acre site of Circle Drive Place, provides a location for many of the residents' activities. The combination gives seniors a range of options when their housing and service needs increase with age.

In this particular model, the continuum of care approach allows clients to choose the setting in which services are delivered. Help can be brought into the home, or the senior can move to the nursing home, if necessary. The personal care facility was set up to meet varying levels of care, while the apartment complex was oriented to the needs of more independent seniors.

Seib said the Circle Drive Place strikes a fine balance, allowing residents their dignity while meeting their recreational, social, and service requirements as they evolve. Increments of support are provided on an as-needed basis, with a nurse on call for eight to ten hours a week and communal meals available upon request. A passage links the two buildings and Seib said that some apartment residents enjoy using the daily meal service provided in the nursing home, as this gives them opportunities to socialize.

The Saskatchewan government provided a construction grant to finance 25 of the apartment dwellings, which are rented to seniors with low to modest incomes. A nonprofit corporation was formed to market and sell the other 75 dwellings. Debentures were issued granting purchasers a "life interest" in their units. If a resident dies, or otherwise vacates the dwelling, the Corporation will buy back the unit at either the purchase price or the current market value, whichever is less. Seib pointed out that no legal fees are payable on disposition and family members do not have the problems and fees associated with selling the unit.

Seib indicated that the cost of maintaining a resident in the nursing home component of Circle Drive is about $2800 per month. These high costs and financial burdens have led the province to stop funding this type of facility and direct more funds to programs (such as home care, Meals-on-Wheels and day care,) that encourage people to stay in their homes. However his studies showed, he noted, that this type of facility is still needed for some seniors, at a stage in their lives when they cannot function on their own.

Seib showed slides of Circle Drive Place, a facility with spacious grounds, wheelchair-accessible paths, balconies, a small store, underground parking, and recreational facilities.

Important Questions

Dr. Gloria Gutman raised questions about the gradual shift in American CCRCs described by Dr. Zeisel, suggesting that the marketing concept of integrating residents at different levels of care is not a reality. Noting that the majority of residents in CCRCs are white, upper- or middle-class widowed women, with college degrees and annual incomes of US $30,000, she questioned whether an equivalent population exists in Canada.

Gutman pointed out that the original CCRC approach, in which acceptable clients paid an initial fee in return for a guaranteed place to live and, if needed, health care for the rest of their lives, did not prove to be financially viable. Now, in addition to substantial entry fees, people pay monthly fees which may increase (especially if they require care) and are based on per diem rates. Quoting a 1986 study by the

American Association of Homes for the Aged, she noted that the average entry fee for a one-bedroom apartment was US $45,300 (range $32,000 to $61,000) and the average monthly fee was US $715 (range $500 to $900). She also indicated that the residents do not own, and therefore cannot sell, their units.

There are many questions that Gutman feels still need to be answered in determining whether the American type of CCRC meets various social and security objectives and in assessing the concept's viability and marketability in Canada. These include:

- What happens to people who want to move to the next level of care? (little data exists);
- What is the degree of social integration? (Gutman's studies indicate that there is some social mix between people in different levels but that it diminishes as people become frailer.);
- How do you deal with phasing? (For example, do you start with independent living and introduce care services and new facilities later, or do you build a complete facility from the start?);
- In the case of couples, what happens after a spouse dies — does the survivor have choices about remaining or moving?;
- Are there sufficient potential clients? (Currently, 1% of American seniors live in CCRCs and estimates are that this may increase to 5%. Gutman speculated that Canadian percentages would be smaller.);
- Would differences in health-care funding contribute to less take-up in Canada than in the United States? (For example, why would a wealthy resident in British Columbia pay substantial amounts to live in a CCRC when she can go into a government-funded building and retain all her assets?);
- How can you get the right person for the right level of care at the right time, to minimize empty beds, while at the same time meeting commitments to provide occupants with different levels of care when needed? (Because of potential problems and conflicts, Gutman pointed out that regulations are important and a potential client should know: who makes the decision if I have to move? What are my rights? Can I refuse to move? What are the financial implications in exercising my choice?).

Gutman urged developers to be realistic, by estimating demand for new facilities and then cutting their projections in half. In a recent series of focus group studies that Gutman carried out for CMHC, a high proportion of seniors expressed interest in moving into a multi-care facility (Approximately two-thirds in Vancouver, Winnipeg and Toronto and one-half in Montreal and Halifax). She pointed out, however, that they were responding to the type of rental facilities we have in Canada and she did not think they would have responded as positively if they had talked about the American model.

Questions and Answers

The discussion period following the speakers' presentations produced the following responses to the issues and questions raised at this session.

A participant from the floor, who has been involved in CCRCs in the United States, pointed out that:

- 95% of the industry is still nonprofit and volunteer boards assure the long-term well-being of residents;
- "the non-refundable entrance fee is really a dead duck," as most new communities provide 95% or 100% refunds of entry fees to the occupants (if they move), or their estates;
- the guaranteed availability of nursing home beds does involve leaving one, two or three beds

empty — it is a charge against all residents, but is achievable;

- the private developers, who are just getting into the market, are having a much tougher start-up period than the nonprofit sector.

Zeisel confirmed the move to refundable entry fees and indicated that there are many programs to help people with limited resources. He stressed that where innovation has taken place, positive things have happened and that while we should not be trying to transfer a single idea from one country to another, we can learn from each other's experiences.

Commenting that "a point of view that says that a particular option does not make sense for anybody, is as limiting as one that says this is the way to go," he pointed out that no one option, whether in the United States or Canada, is going to be taken up by more than a small percentage of the senior population. It is important to explore the range of options, to be creative in transferring and adopting successful options, and to integrate the efforts of the private, nonprofit and public sectors in order to maximize resources in responding to seniors' needs.

Concurrent Panel 4a

LIVING CLOSE TO FAMILY AND FRIENDS: CAN IT BECOME MORE WIDESPREAD?

Moderator: Henry Starno
General Manager
Canadian Manufactured Housing Institute

Panelists: Mary A. Hill
Professor Emerita
School of Social Work
University of British Columbia
Vancouver, British Columbia

Sue Corke
Housing Advocacy Task Force
Ontario Ministry of Housing
Toronto, Ontario

Patrick H. Hare
President
Patrick H. Hare Planning and Design
Washington, D.C.

Living close to family and friends is an important factor in seniors' quality of life, and can become more widespread given the will to make it happen. Panelists agreed that seniors' social linkages could most easily be built into their living arrangements once obstacles to nonstandard housing options — from homesharing and accessory apartments to non-profit or social housing — are overcome.

Unlike previous generations, and perhaps other cultures, the preference of many (though not all) older people is to live in accommodation separate from their adult children and grandchildren, but to still be connected with them, said Mary Hill. Studies by the American Association of Retired People indicate that many seniors prefer "privacy with proximity" where families are concerned; however, some want to live with, others want to live away from their relatives. Hill suggested that "no aspect of the human condition is more heterogeneous than housing preferences among those aged 65 and older," citing factors such as interpersonal relationships, ethno-cultural imperatives, age, health status, finances and personal behaviour as major influences on choice. Hill speculated that a social policy commitment to provide choice may involve some wastage and posed the question of whether society will accept this challenge.

Quoting a recent Statistics Canada paper, "Family and Friendship Ties Among Canada's Seniors in 1988" (Leroy Stone), Hill pointed out that the risk of lack of closeness to family and friends rises from 17% for people in their 70s to 32% for those older than 80. If, as we are often told, 80% of in-home care for older people is provided by family and friends, we are going to have to find ways of providing care to growing numbers of seniors in the older age groups.

Referring to a study by Shulman and Ross, Hill pointed out that while older people are less likely to move long distances, when they do, they are more likely to be motivated by a desire to be near family and friends. She reminded the audience that older people are also on the giving side of the equation (for example through volunteer work, transportation assistance, personal care, babysitting and housework) and that the need for a true sense of feeling useful and being valued never leaves us.

Friends and Siblings

Hill also noted that companionship and friendship become increasingly important with advancing age. Many seniors would "choose friendship over kinship," she said, but "sibling relationships also gain renewed importance in old age." One problem is that it's difficult to make good new friends in old age, especially with limited opportunities for continuing interaction.

Suggesting that emphasis should be placed on living and loving, giving and sharing, Hill said "these are more possible if we are not separated by too great distances from one another in our later years." Going on to examine what hinders this proximity, Hill suggested that both personal reasons and government policies can be obstacles.

Individual barriers have to do with interpersonal relationship patterns, attitudes about ourselves and those close to us and attitudes about what is expected of us as older people, as families, as peers and as friends. Attitudes may be difficult to modify, particularly if they reflect such inner thoughts as "I am not welcome" or "what right do I have to expect my daughter-in-law to do this?" or "can I really share my house?" Personal barriers also result from social changes, such as the increasing number of women in the work force and geographic mobility.

Government policies that may keep people apart include:

- Residency requirements for some services, which may discourage seniors from moving between provinces because of ineligibility, or the time lag, for formal support;
- Municipal zoning that restricts infill, in-law suites, granny flats and forms of special housing, such as Abbeyfield;
- Rules about rent subsidies, family support and building standards, which often discourage sharing and live-in options.

"In the final analysis," Hill said, "we're faced with value judgments." Living close to family and friends could become more widespread if, as a nation, we believe this should happen and societal values are reflected in public policies. The challenge to policy makers, developers, community workers and seniors' groups are many. They must work towards communication among all levels of decision-making — up, down and across systems. They must listen to the expressed preferences and varied choices of older people; accept the principle of closeness as being valued in old age; and believe that private and public, formal and informal, easy and uneasy partnerships can develop so that various ways of living close together may become available for those who desire them. Contending that "a certain generosity towards these ideas already exists," she added: "It remains only for our attitudes and social policies to catch up with the general good will."

Opportunities and Obstacles

Sue Corke pointed out that planning and land use frameworks generally support a fairly limited set of development options, giving little guidance for non-standard housing models such as homesharing or family-by-choice, accessory apartments, granny flats, and nonprofit housing for seniors. She indicated that even with the projected 55,000 nonprofit units over the next three years, Ontario will still experience serious problems with affordability and supportive housing and said, "it is essential for us to look to the resources of the private sector and the small nonstandard options."

Warning that she was going to present a bleak picture of regulatory impediments, Corke stressed that she nevertheless believes in the potential of nonstandard housing and feels that it represents a different set of challenges and an impetus for modified leadership roles among certain sectors of government. Regulatory impediments can fall under the following categories:

- Land Use Regulations, including:
    - designated land-use zoning, which provides little opportunity for nonstandard options;
    - limitations on the number of unrelated persons that may live together in a single family home;
    - the complexity and time delays involved in obtaining zoning changes.
- Building Codes and Standards, which can make it difficult, or impractical, to implement nonstandard housing. For example:
    - standards for size, setbacks, side yards, frontage, open spaces, etc, that are not appropriate for some housing forms;
    - conversion regulations stipulating that a building must be at least a certain age before it can be converted, and sometimes imposing onerous standards for unit sizes, number of units, parking and external appearance.
- Political Issues, which influence the land use regulatory processes and reflect attitudes such as "not in my back yard" (NIMBY). It is an inherent part of local planning in Ontario that statutory public participation shall occur. While this is a healthy approach, Corke said, we should never underestimate the power of this capability and the exaggerated fears surrounding nonstandard options.

In discussing informal homesharing, Corke said that there are about 16 agencies in Ontario that the government cosponsors. They each arrange approximately 30 matches a year and, as capital improvements are usually not necessary, they provide affordable housing. Few municipal bylaws preclude two or three unrelated people living together; however, a survey of 70 Ontario municipalities revealed that 42% preclude more than five and 20% preclude more than three homesharers. Recently, one municipality removed any provision for unrelated persons to live together, except for domestic servants, foster children or lodgers. The Ontario Human Rights Commission is now looking into the discriminatory nature of this development and the Ontario Ministry of Housing is also appealing the decision to the Ontario Municipal Board.

Corke pointed out that in Ontario over 95% of households headed by people over 65 have fully paid their mortgages. She suggested that accessing approximately $25,000 of their equity to finance incorporating an accessory apartment, which could be rented for about $600 per month, can provide seniors with $20,000 or more in net revenues over a 10-year period.

Of the estimated 8000 new conversions per year in Ontario, Corke speculated that 70% were illegal and therefore unlikely to conform to zoning or building standards. Given that many municipalities do not provide for conversions, Corke commented "it is extraordinary that accessory apartments, being so affordable and with current market pressures, are not permitted in many municipalities."

Corke said that even in some municipalities where accessory apartments are permitted, their development is so constrained as to be almost impossible. Approvals could involve rezoning, public notices, public meetings and sometimes appeals. She held out some hope for change, however, pointing out that in the city of Toronto, 85% of conversions are now "as of right."

Discussing Ontario's Granny Flat Demonstration, Corke said that since very few municipalities have official plans that recognize granny flats, a temporary bylaw had to be passed so that the projects could proceed. Getting this type of bylaw approved takes too long and there is a real need for streamlining the approval process.

Changing Roles for Senior Governments

Corke expressed the view that senior levels of government will need to become involved in overcoming the obstacles to nonstandard housing. Citing Ontario's experiences with demonstrations, education and awareness programs, exhibit programming and zoning studies, she said, "this process has been shown to be too slow and we are now moving into a new era and into a new provincial role." Ontario is starting to advocate solutions and to seek people's help in getting solutions implemented. She identified three tools that Ontario proposes to have at its disposal:

- A "housing policy statement," intended to be statutory under the *Planning Act*, which basically declares housing to be a provincial interest and states the provincial expectations of municipalities with regard to providing land-use opportunities for nonstandard housing options. Currently in draft form, this statement proposes that homesharing, accessory apartments and infill housing be considered as legal uses in certain designated areas of municipalities. It also discusses the inclusion of standards that don't reduce the feasibility of these options and possibilities for fast-tracking planning processes;
- An amendment to the Planning Act which will support the addition of housing as a provincial interest;
- A commitment to a new role, called "Advocacy," under which the province will:
  - — strike partnerships with municipalities to deal with housing issues over a specified period of time;
  - — in support of provincially funded projects that are meeting with local resistance, use existing statutory procedures for public participation (thereby not invading municipal autonomy) to ensure provincial input and try to balance some of the negativism that exists in certain local communities.

Education is the Key

Patrick Hare said "in the U.S., and perhaps also in Canada, we need a major educational campaign on aging in place." He pointed out that 75 to 80% of American seniors live in their own homes and most of them want to age in place. Asking "what do these elderly people mean by aging in place?" he indicated that there is a need for a better understanding of the following factors:

- Many older people do not realize they live in "Peter Pan" housing, designed for people who never grow old. For example, a single-family house in a suburban subdivision is designed for people who drive, are able to do home maintenance, and are able to go up and down stairs. As we grow older, Hare said, most of us will have difficulties doing all three things;
- Many older people are just beginning to understand what life expectancy means, little realizing that people who have reached their late 70s will, on average, live for another 10 years;
- Many older people are out of practice in personal decision-making. Recognizing that this could be an unpopular view, Hare explained that many have spent the first 20 or 30 years of their lives fighting for security and the next 20 or 30 years more concerned about their kids than with decisions that affect their own lives. They may also have lost a spouse upon whom they relied for decisions, and may be less resilient as they grow older and feebler. Nevertheless, Hare stressed that older people should exercise as much control as possible over their lives;
- Many older people are terrified of employing the home maintenance and remodelling industry,

even though they could benefit from accessibility improvements, weatherization and accessory apartments. In the United States, the industry has failed to recognize the needs of the elderly as a major market and has not developed marketing strategies or the ability to work with seniors;

- Few recognize the potential value of options such as accessory apartments, shared housing and granny flats, both for seniors and society at large. Hare said most older homeowners have more housing than they require, but they need services, companionship and increased income to be able to age in place. He estimated that given the current empty-nester boom, roughly one in three single-family homes in the United States could contain an accessory apartment;
- Isolation is a major cause of dissatisfaction with life among some older people, Hare said. "This problem is of so much concern in the U.S.A. that a national commission on the elderly living alone has been organized." He pointed out that the options being discussed in this session address the problem of isolation very effectively.

Hare suggested we could learn from communities where accessory apartments are popular and identified the following factors as contributing to their success:

- Bylaws should provide for rapid approvals and no public hearings should be necessary if no objections are received from neighbours;
- Accessory apartments should not be restricted to seniors;
- Bylaws should reflect the legitimate concerns of ratepayers for the quality of neighbourhoods. For example, allowing only resident homeowners to introduce accessory apartments has often allayed concerns;
- Exterior visual changes should be minimized;
- A one-year renewal process should exist, with provision to reduce the process to a simple administrative procedure if no problems are identified by neighbours;
- A distribution requirement should exist — for example, allowing only 10% of dwellings in a given geographic area to be accessory apartments;
- Parking requirements can be an issue, but in some cases it may be possible to rent space from a neighbour.

In the case of granny flats, Hare pointed out that rapid approval is even more critical, as most decisions by older people to move are crisis-driven. He suggested that rental garden suites might gain quicker acceptance, as there is a greater assurance that they will be removed when they are no longer needed by the original tenant.

Packaging and Marketing

"Packaging" the process so that it is easy to put granny flats in place is very important, said Hare. Seniors need to be able to call on someone who can handle all procedures. He suggested that hospitals (to discharge patients who can return home if they have informal support); realtors (seeking commissions on the sale of a seniors' house); the home-care industry (which can identify markets and provide services); and the manufactured housing industry (to supply dwellings) all have good reasons to help in marketing granny flats.

Ratepayers groups and civic organizations play an important role in approval processes. In Hare's view, these agencies are unaware that "the ideal image of a typical single-family subdivision no longer holds for the majority of people in any given neighbourhood." He described his own experience in seeking approval for an ordinance, where he found all civic associations were opposed and all seniors' organizations were in favour, yet they represented largely the same constituency. This experience led to a recommendation that positions for seniors' representatives be established within ratepayers' or civic associations. This would enable well-informed seniors to state their case within established community structures.

Questions And Answers

Jeanne Woodroffe, representing *One Voice*, challenged Hare's contention that older people find it very difficult to make decisions. She said she finds older people saying "look, we want to have a word in decisions that affect us" and that she could not think of any people who do not seem to have the ability and the resiliency to make decisions that have to be made.

In response, Hare said he has encountered many older people who really dislike, or are extremely hesitant about, making a major decision. Acknowledging that this did not apply to all older people, he nevertheless stood by his stated views. Woodroffe pointed out that the whole approach to seniors in Canada is that they must be involved in their own decision-making. Hare agreed with this approach, but suggested that many may need support in order to do that well.

Hill suggested an alternative approach to garden suites (granny flats), in which the senior would initially retain the principal residence and married children (without kids) would move into the suite. This gives the senior a chance to become familiar with the suite, and when the children have their own families, the decision can be made to switch places.

Bill Burns, representing *One Voice*, echoed Woodroffe's views on seniors' participation and then asked the panel moderator, Henry Starno, General Manager of the Canadian Manufactured Housing Institute, if his industry was in a position to force municipalities to accept granny flats. Starno responded that neither his industry nor senior levels of government could force the issue, suggesting that if the units could be provided affordably and were shown to meet a real need, it would become a question of mustering the forces in the neighbourhood to seek approvals. Corke added that municipalities cooperated in Ontario's Demonstration Project and we are now seeing several official plans, across Ontario, reflect this option. Starno suggested that making garden suites available under government programs would be a major facilitator.

Shany Duff, Deputy Mayor of St. John's and chairman of the Federation of Canadian Municipalities (FCM) Task Force on Housing, informed the audience that FCM is already looking into these issues in the course of a "Regulatory Reform Program" that is being undertaken in collaboration with Canada Mortgage and Housing Corporation, The Canadian Home Builders' Association and The Canadian Association of Housing Renewal Officials. Suggesting that there must be give-and-take, she said "I have, for example, been abused by seniors when trying to put accessory apartments in place." Hare added that the seniors most likely to oppose nonstandard options are healthy young seniors who do not want to look ahead to a time when they may become frail.

Bob Harvey, Chief Executive Officer of Maturity Services, said that a recent study carried out by his organization in cooperation with Air Canada, indicates that the greatest single concern to seniors is the social environment and that we must therefore avoid destroying the fibre around which their security is built.

Concurrent Panel 4b

SHELTERED HOUSING — WHAT'S IN THE PACKAGE?

Moderator: Jim Zamprelli
Manager
Strategic Planning Branch
Manitoba Housing

Panelists: Murray Halkett
Director of Hospital Planning
Capital Regional Hospital &
Health Planning Commission
Victoria, British Columbia

Dr. Anthea Tinker
Director
Age Concern
Institute of Gerontology
King's College
University of London
London, England

Helmuth E. Klassen
Administrator
Donwood Manor Services to the Elderly
Winnipeg, Manitoba

Panelists in this session agreed that sheltered housing has enjoyed high demand and equally high levels of client satisfaction, even if the qualifications or standards for entering the facilities are not always clear.

In introducing the session, Jim Zamprelli described sheltered housing as a concept of assisted residential living, combining shelter and services: it provides older people with an additional choice in selecting a living environment best suited to their personal and social needs, functional capacities and financial resources.

Murray Halkett emphasized the links between housing and health care. Despite the view of some hospital administrators that "housing is not health care," he said, "good housing is one of our best preventive health-care measures."

Housing Is More Than Just Shelter

"Obviously, housing is more than just a shelter: it is a place where people eat and take medication; it is a place where people may become confused or isolated; it is a place where people live, and, especially for the frail elderly, it is a place where we have to be sensitive to their needs." Referring to studies by Dr. Williamson, for Age Concern in Britain, Halkett said, "you have to introduce some type of anticipatory care if you plan to respond to the needs of frail elderly people."

Halkett drew a distinction between sheltered housing in Britain and congregate housing, which is the closest equivalent in the United States. Sheltered housing is purpose-built, in a variety of forms including flats (apartments) and cottages, and includes an alarm system, communal facilities and a warden. Congregate housing generally consists of individual apartments in multi-unit rental developments, usually with alarm systems, and with a greater emphasis on services such as meals and housekeeping. Halkett expressed a preference for the term "supportive housing," because it covers the whole range from independence (including supportive housing in a person's home) to dependence, with a variety of options in between.

The provision of "care" is an important issue affecting both the housing and health sectors, Halkett said. "You have to be able to produce housing that allows people to be in a long-term program; however, current regulations allow either/or, but not a combination."

Quoting a study by Dr. Baker, in Victoria, B.C., based on questions put to a random sample of seniors, Halkett said 65% of those over 75 wanted help with either meals, shopping or housekeeping, while only 25% of those below 75 wanted help with these services. Their preferences among the features potentially available in sheltered housing were as follows: 45% opted for an alarm system; 38% for someone whom they could call on in an emergency; 26% for meals; 21% for someone to oversee daily activities; and 15% for housekeeping and laundry services.

Wardens in British sheltered housing are usually described as good neighbours who recognize problems and provide timely support to seniors in a variety of ways. These include providing encouragement, arranging shopping trips and medical appointments, and offering counsel. Halkett suggested that "if we want to provide anticipatory care, it is crucial to have that type of individual in our housing."

Sheltered housing could be an effective way of preventing the institutionalization of seniors, Halkett said. However, he cited two recent studies to illustrate that the cost-effectiveness of sheltered housing is still being debated. A 1983 study of hundreds of sheltered housing tenants in the United Kingdom found no difference between their health or contentment and that of the general senior population. The study determined that sheltered housing tenants received a disproportionate share of available services, such as home help and Meals-on-Wheels, and suggested that sheltered housing is not targeted to an appropriate population. However, when Massachusetts conducted a thorough examination of its congregate housing program, it found that the "frail elderly" were deriving great benefit from the program, and staying out of institutions longer.

Another American study found that 85% of the vulnerable frail elderly have been reached by congregate housing initiatives. However, it also found that a percentage of the people living in this type of housing do not need it.

In response to this study, criteria were developed that required anyone in the congregate housing program to need assistance in two or more activities of daily living, such as transferring, bathing, cooking or cleaning. Eligibility also depended on the lack of an adequate support network. American studies also concluded that if prevention of institutionalization is a major goal, congregate housing could more effectively fulfill this goal by concentrating on the high-risk elderly.

In conclusion, Halkett said, "sheltered housing is a sound preventive solution to institutionalization, but you have to define the terms clearly and provide the required continuum of care options, between independence and dependence, by bringing together the housing and health sectors."

Dr. Anthea Tinker is a policy advisor to the British government who will shortly be publishing her tenth book on sheltered housing. She said the traditional model of British sheltered housing includes an alarm system, some common facilities, and a warden, but lacks meals and care. Traditionally, wardens are dedicated women in a low-paying occupation, who routinely go well beyond the work required by their job descriptions. Whether there will continue to be a pool of low-paid women to do this job is a question.

Only 5% of United Kingdom seniors live in this form of housing, Tinker said, despite a wide perception that no other options exist. She said sheltered housing has drawn a lot of attention in her country, but most available studies are out of date — no one even knows how much sheltered housing actually exists, because there has been no survey of tenants or housing stock since 1978.

No Panacea

Over the years, Tinker said, nonprofit housing associations in the United Kingdom have replaced local authorities as the prime provider of subsidized rental sheltered housing. Also during the last few years, private-sector resident-funded sheltered housing has really taken off and enormous profits have been made. Current government policy recognizes that there is a role in the system for sheltered housing but, unlike in the 1960s, it is seen as one of many options, not as a panacea. Priority is placed on projects that provide privacy, companionship, help on hand and alarm systems in small, easily managed homes.

While bemoaning the lack of very up-to-date national evidence, Tinker offered the following reasons why sheltered housing has been provided:

- To accommodate a lot of displaced older people when existing public housing is demolished;
- To free up "under-occupied" public housing by providing older people with alternative accommodation and allowing families to move in;
- Grouping older people together to break down isolation. (Tinker suggested that "there is very little research evidence to show that this happens");
- Sheltered housing is profitable for the private sector;
- It is economical to provide communal facilities and services on one site (Tinker said "it has not been proven in the U.K. that it is cheaper and more cost-effective to provide services on one site, compared to delivering services to individual homes");
- It was fashionable in the 60s and 70s to provide sheltered housing. (Staying-put options are fashionable in the 80s);
- To provide a secure environment. (This is valid, as some people feel a sense of security in being part of a group and many older people are afraid of living in inner cities);
- To provide ethnic minorities with an opportunity to live together.

Tinker said people choose to enter sheltered housing for a variety of reasons, but a key factor for many is the lack of any other choice. The last major study of sheltered housing in her country, in 1978, showed that 25% of residents would have preferred to stay in their own homes; all they really wanted was small easy-to-run accommodation and the opportunity to enjoy central heating and a few minimal services, but nothing was available to bridge the gap.

Tinker pointed out that in the United Kingdom it was never envisaged that sheltered housing would be for frail people. Earlier studies showed occupants of sheltered housing to be no more dependent than older people in the community at large. Recent evidence indicates, however, that occupants are now frailer.

Nonetheless, Tinker said sheltered housing tenants do report a very high degree of satisfaction, and they value the degree of privacy and independence they have. On a less positive note, the approach seems to have little impact on residents' sense of isolation, and there is no agreement on whether the sheltered environment contributes to longer life.

A 1984 cost analysis of various housing options available to United Kingdom seniors showed that the cheapest (although not inexpensive) option was staying at home with a package of care; the next was sheltered housing; and the most expensive options were residential care and institutional care.

A recent study found private sheltered housing in the United Kingdom to be a very important option for older people wanting to move. It also revealed that people were moving in at a much younger age than envisaged. The key question here is, what will happen when people become frailer, Tinker said. "There is much concern about this issue, as some schemes have regulations that allow managers to move people out if they become frail." Tinker stressed the need for potential residents to get professional advice on such matters as finances before moving in, to ensure that they and their heirs are protected.

More and more housing associations in Britain are providing extra care or very sheltered housing. Essentially this is sheltered housing with enhanced facilities, such as a warden (or other help) on 24-hour call, personal domestic care and meals. Tinker had just completed a national study for the Department of Environment and was able to share the following preliminary findings:

- Dependency levels of tenants in very sheltered housing were the same as those of older people, staying in their homes, who were being supported by innovative schemes like alarm systems and extra care;
- There are therefore questions about the cost-effectiveness of very sheltered housing compared with staying at home. (Tinker speculated that, as with sheltered housing, very sheltered housing will have a role to play.)

Another interesting development, which Tinker thinks may be the way of the future, is that voluntary organizations are bringing extra care and communal facilities into existing sheltered housing.

At The Crossroads

"In Britain, sheltered housing is at a crossroads between home assistance and extra care," Tinker concluded. "There is a role for sheltered housing, but we need to be very clear about what it's there for and extremely careful about who goes into it, and everybody should go into it with open eyes."

Helmuth Klassen said sheltered housing has been around for a long time, in different forms and under different names.

The smallest sheltered housing projects, he said, are almost like "guest houses," usually privately run, and may only hold 10 or 15 clients. Medium-sized projects may be private or nonprofit in nature; the support services tend to be spread wider and go deeper. The advantages of the smaller projects include reduced visibility within the community. On the other hand, they may lack the flexibility or staffing levels to respond to changing client needs, and may also have problems with licensing regulations. Large projects offer broader services with less caregiver burnout. However, they tend to "ghetto-ize" seniors, and can feed a tendency on the part of residents to focus attention on who has died lately or who is ill.

Klassen said it's inevitable that every seniors' project will become sheltered housing unless absolute standards of independence, and a policy of evictions, have been maintained. Indeed, separate sheltered housing projects may in fact set back seniors' housing. If sheltered housing is to be valuable, he said, it will be necessary to keep on innovating, to improve both the physical environment and support programs, while taking local conditions and needs into account. We should also seek ways of encouraging interdependence and self-help among occupants. Ultimately, he said, the concept must be strengthened and deepened, to provide a broader range of services and a meaningful interrelationship with health care. "If we don't, we're going to run into rampant and expensive institutionalization," with costly consequences for the next generation of taxpayers.

Questions and Answers

One delegate asked what has been done in the United Kingdom with respect to training wardens and homemakers. Tinker replied that there has been some training but not nearly enough. Wardens are becoming increasingly unionized and are now demanding training.

She was also asked why private sheltered housing in the United Kingdom is attracting a much younger clientele than private congregate housing in Canada. Tinker commented that it was an interesting phenomenon that she could not explain. "It may be marketing, which in the U.K. is targeted at the 55-plus age group," she added.

A delegate asked all the panelists whether smaller projects are more cost-effective than large ones. Tinker answered that conventional wisdom in the U.K. is that 30 residents is about right for ordinary sheltered housing, but there are no good comparative studies.

Halkett said "Our analysis shows that it depends on the package. For example, if land is provided free, then costs reduce dramatically, but if the project is not subsidized it is not economically feasible for fewer than 20 people. A congregate housing project is hard to do with less than 90-100 units, but if combined with a care facility it is feasible with 30 units."

Zamprelli commented that in Manitoba, the Support Services to Seniors Program enables services and personnel to be funded in projects varying between 10 and 100 units.

Concurrent Panel 4c

CONTINUUM OF CARE WITHIN A NEIGHBOURHOOD — VARIATIONS ON A THEME

Moderator: Patricia Baldwin
Director
Housing and Social Policy
MacLaren Plansearch

Panelists: Karin Lidmar
Principal Architect & Researcher
Bostedslaget AB
Stockholm, Sweden

Gillian McFee
Director
Office of Aged Services
Premier's Office, New South Wales
Sydney, Australia

Dr. Cope W. Schwenger
Professor
Community Health Program in Gerontology
University of Toronto
Toronto, Ontario

Participants in this session were exposed to ideas from three continents, suggesting practical ways of providing seniors with a continuum of care as they age in place in their own neighbourhoods.

Karin Lidmar said that since Sweden has the oldest population in the world (almost 18% over 65 and 4% over 85), she might be expected "to represent a very special know-how on the housing, care and support of the elderly." However, she was not sure that she could accomplish this goal, given that there is still hesitation and confusion in Sweden about different approaches.

The average life expectancy in Sweden has risen to 80 years for women and 74 years for men. People around 75 years old generally exhibit much more vitality today than their counterparts exhibited only 10 years ago. Nevertheless, said Lidmar, the over-65 age group accounts for a large percentage of days spent in care facilities, and among the over-80 age group, health problems rise dramatically.

Traditionally, public support and care of seniors has been tied to institutions, such as old-age homes and long-term care facilities, with only a minor portion going to seniors in their own homes or residential units. However, less than 10% of seniors live in institutions; the rest are living in ordinary dwellings in urban and rural areas. This would not have been possible, said Lidmar, without the informal support of wives, daughters and other relatives. Although most live in modern dwellings, this does not necessarily mean the homes are convenient for people with special needs.

Radical Policy Changes

Lidmar said that many very old seniors, whether in institutions or in their homes, live in poor conditions, far below today's objectives for housing and care. These objectives are reflected in a radical change in Swedish policy in the 80s. The main principles are normalization and self-determination; as far as possible, support and care are to be given to those who need it in their own homes.

The goals were confirmed in a 1985 supplement to the housing legislation, which requires local authorities to supply suitable dwellings for all inhabitants, including the elderly, the ill and the handicapped. This is an enormous task, said Lidmar, as it involves replacing many old-age homes, long-term care facilities, and institutions for physically and mentally disabled people, with housing and small-scale facilities. The Minister of Health has recently restated the following three objectives:

- Everyone has a right to a dwelling where freedom and integrity are protected;
- Those who need support and help in daily living, or who need, not only occasionally, medical or other care, have a right to obtain this in their homes;
- Everyone, independently of the need for support, service and care, has a right to a dwelling with good accessibility and good standards of space and equipment, in surroundings that provide the prerequisites for participating in social activities.

Objective 1, which spelled doom for traditional institutions, brought loud protests from seniors and their relatives; although institutions are feared because of severe limits on occupants' freedom and integrity, they are nevertheless regarded as the last outposts of security. Lidmar suggested that this is a normal reaction when alternatives to institutional care are still lacking. The outcry resulted in a decision to make government loans available to improve existing old-age homes and to build some new ones. Lidmar added "this had created a very confused situation which makes planners hesitate about their goals."

Objective 2, providing seniors with support in their homes, has been almost impossible to accomplish because of the difficulties of getting enough people to work in this field, given full employment and smaller numbers of young people. Efforts are now being made to raise the status of the home help profession, in terms of salaries, schedules, organization and education.

Objective 3, which deals with improving the physical environment, is the area in which, as an architect, Lidmar had the most experience. The first thrust, she said, is to improve existing dwelling units and facilities, and the 80s have seen extensive reconstruction activities, partly to counter reduced demand for new construction. Despite the fact that there are conditions governing eligibility for government loans, Lidmar's research showed that remodelled apartments are often still not suitable for occupancy by elderly and disabled people. In many cases, it would be more cost-effective to demolish and rebuild, Lidmar said. She also indicated that design guidelines for new construction were often inadequate for old seniors and that even existing guidelines were not always followed. Using slides, Lidmar illustrated that, with a little extra care, it was possible to design very suitable dwellings that are no larger than medium-sized apartments.

Group Homes

Lidmar pointed out that not all seniors live in ordinary houses or apartments. Those who need 24-hour care or feel insecure living alone must be able to choose other types of housing in their neighbourhoods. In

Sweden, "group dwellings" are being developed to provide alternatives to old-age homes.

The most urgent needs are found among old people with dementia symptoms. Group homes normally include four to eight private dwellings plus common areas for dining, cooking, laundry and social activities. They may be located in remodelled lodges, single-family houses or ordinary apartment buildings and are often not adequately designed. Lidmar said her studies showed the need for good design information and promised to provide more details and illustrations for her "international showcase" presentation.

Gillian McFee said that until recently, there have been few housing options for older people in her country. The choices have often been to stay put in their homes, usually with inadequate care and services, or to go inappropriately into a nursing home. While three-tiered retirement villages have become very popular in Australia during the last five years, they do not meet the needs of those older people who wish to remain in housing within their existing communities. There has also been limited access to housing and services for people with low and moderate incomes. McFee identified the need "to combine public-sector involvement with maximizing the potential for private-sector investment, in order to increase the amount of housing for older people and to have secure and affordable arrangements for ongoing care services."

After presenting a picture of an aging population in Australia that is very similar to that in Canada, McFee said "there are sweeping social impacts of this aging trend — demand for single-person housing will increase rapidly, and health care and social service spending will probably blow out."

McFee explained that in Australia, housing and services are funded through two separate legislative processes. Also, Commonwealth (Federal) funding for residential care (hostels and nursing homes) is channeled directly to eligible organizations (usually nonprofit), while public housing funds for seniors who can live independently are channeled to state housing authorities. McFee identified the lack of any formal links between these methods of funding as a major constraint in working towards a continuum of care in local communities. "It leads to an assumption that residential care means funding new buildings, whereas we are starting to realize that it can mean providing levels of care in other ways," she said.

In outlining some of the policy issues her government is addressing, McFee said "we are looking to develop a continuum of housing and services where older people can have choices; where we are building homes, not institutions; and where we are focusing on community care for older people living in their own homes." She also pointed to new approaches in residential care (hostels and nursing homes), in which individual homes replace the bed-sitting-room in an institutional type of building.

Normalization and User Rights

McFee said "user rights" is a term employed in Australia to denote putting the consumer first, "but it is amazing how you can lose sight of the principle in the fields of housing and services for older people." With an emphasis on normalization, all initiatives in design and management are now directed at putting the consumer first. Standardized approaches to assessment and to setting levels of care are being developed and, although there is a long way to go, McFee said, "one of the positive things currently happening is that we are starting to define output standards for our different housing and service projects."

Financing options are important and a lot of work is being done in developing joint-venture models. "We are also looking at financing options that may help in providing more affordable housing for low-income people," said McFee, explaining that these involve taking capital gains-driven approaches to retirement housing and cross-subsidizing within the public sector. "It's a bit of a Robin Hood approach," she added, "but it works." An evaluation report, "Financing Options for Mixed Tenure Retirement Housing" has recently been completed. If its recommendations are implemented, McFee said, one of her tasks will be to set up off-budget financing structures whereby older people can invest in something like an investment property trust, which will provide them with various taxation and social security advantages. This may be more advantageous than investing directly in the retirement housing they live in.

Using a slide presentation, McFee illustrated the following interesting residential developments:

- A cluster of congregate houses, each of which accommodates ten residents who have been assessed as needing a hostel level of care. Each house has a housekeeper who organizes a full range of personal care and food services. One of the houses in the development is especially designed for dementia sufferers. It has an internal courtyard to provide "wanderers" with risk-free exercise. All the houses provide residents with their own bedroom, sitting room, kitchenette and bathroom, as well as shared lounge, dining and kitchen facilities;
- A project in which the whole ground floor is dedicated to a service centre which provides a very wide range of community care and leisure programs for older people. The upper floors include one and two bedroom apartments and some bed-sitting-room units for people who need high levels of care. The concept is that as peoples' needs change additional services can be provided, some of which can come from the community service centre. The experience in setting up this project as a joint venture stimulated the establishment of a state-wide organization to facilitate joint partnerships (between public and private or nonprofit agencies). In this project, half the apartments will be sold at market value and half will be rented.

McFee went on to describe the Community Options Program, which is a brokerage approach to arranging coordinated packages of individual care and services for older people (living in their own homes) who are assessed as being at risk of institutionalization. The objective is to delay, or eliminate, the need for institutionalization; the programs have proved to be cost-effective and welcomed by seniors. An assessment is initiated by asking the senior "what assistance do you need to stay at home?" This seems so logical, said McFee, yet we still go through complex assessment procedures and, at the end of the day, what is most important is the seniors' perception of their needs. Experience shows that most older people want less than we think they need. Often, modifications to a home can be the single service that prevents them from having to move. Based on the assessment, done in the senior's home, existing support services such as home care, community nursing, Meals-on-Wheels and personal care are coordinated. If the services are not already available in local communities they are purchased through private agencies, using funding from the Community Options Program.

Preliminary findings from the New South Wales Community Options Program showed that the average cost per person compared very favourably with the cost of maintaining a senior in a hostel or nursing home. McFee finished her presentation by showing slides of projects that she felt could be the "way of the future' in Australia. They include individual row houses and group homes which, in combination with the Community Options Program, can provide an alternative to traditional nursing homes.

Dr. Schwenger said that he would try to describe how he, as a public health person who has been involved with the elderly for 30 years, became convinced that housing was the missing link in the health continuum.

During a period as a medical officer of health, Schwenger said, he started to appreciate that social services could do more to keep an elderly person out of a nursing home than health services. However, it is really only during the last five to ten years that he came to realize the importance of accommodation and began to advocate the need for coordination between housing, health and social service agencies. This led to an invitation from The Long-Term Care Committee of The District Council of Metro Toronto to head a task force to determine whether appropriate housing could keep people out of institutions.

At the time the task force was established, Schwenger said: "It was well recognized that there was a real lack of interest in housing on the part of the health sector, and housing agencies, such as CMHC, were at a vast distance from Health and Welfare Canada."

Nevertheless, a good team, with equal representation from the health and housing sectors, was assembled and proceeded to examine the relationships between housing and illnesses, mental condition and accidents. Members became cognizant of issues such as accessibility, affordability and appropriateness. Most importantly, however, the team became aware of the lack of availability and low quantity of assisted and supportive housing.

Schwenger said the team was also interested in the high rates of institutionalization of people over 65 in Canada, compared to other countries, quoting 7% in Canada, versus 5% in the United Kingdom. He cited Statistics Canada projections that show rapid increases in the over-75 population, in the number of elderly people living alone, and, unless we can provide alternatives, in the number of seniors in institutions. He drew attention to reports showing that elderly people living on their own can be at risk of loneliness, premature institutionalization, not having access to help in an emergency, and not being able to find care givers when needed.

Schwenger recommended a recent article in "Science" (by House, Landis and Umberson) on the increasing recognition of the negative effects of social isolation on health. It brings a lot of ammunition to bear on the fact that perhaps there are some dangers in too much aging at home. Schwenger acknowledged that this is a very controversial issue to gerontologists, who say that the elderly have chosen to live on their own and the choice is up to them. On the other hand, he said, the case can be made that, as a society, we have perhaps put too much of a premium on independence and may be encouraging seniors to choose to be independently lonely. Schwenger suggested a need for much more research on this issue.

After describing the large current expenditures on health care, particularly on institutional care and physicians, Schwenger speculated that there may be little money left to upgrade social and support services and provide innovative supportive housing. He also suggested that too much emphasis was being placed on providing conventional senior citizens' housing and institutional facilities, with insufficient emphasis on increasing the supply of supportive types of housing.

Schwenger said he was surprised by the number of seniors that lived in sheltered housing in the United Kingdom (approximately 5%), and speculated that this could be a factor in the low rate of institutionalization. He found that both sheltered housing and

Abbeyfield housing, as practiced in the United Kingdom and Australia, are embedded in neighbourhoods as both residents and staff are drawn from the local community. Expressing the view that, despite some criticisms, these forms of housing have been great success stories, he said that recent developments included increased private-sector involvement and the evolution of "very sheltered housing."

Recalling a study that he did for Health and Welfare Canada in 1984, Schwenger said the recommendation was "that a joint committee on special housing for the elderly, composed of senior-level representatives from Health and Welfare and CMHC, be established to investigate the need for supportive social housing, including its potential role as an alternative to more costly care facilities, and to carry out joint research on the alternatives." Pointing out that until recently, joint research involving both health and housing agencies was not being conducted, Schwenger added "this conference is a marvellous example of what should have happened a long time ago."

Schwenger pointed to the specialization of existing agencies (housing or health or social services) as a barrier to any one agency taking on the coordinating role that is most necessary at the local level. However he held out hope that initiatives such as Ontario's "One-Stop Shopping," the western provinces' use of home-care as the coordinating medium, or the use of Abbeyfield neighbourhoods may improve the situation.

Plenary 5

ENVIRONMENTS FOR PREFERRED LIFESTYLES

Moderator:
Robert Jarvis
Chairman
Canada Mortgage and Housing Corporation
Ottawa, Ontario

Panelists:
Dr. M. Powell Lawton
Director of Research
Philadelphia Geriatric Centre
Philadelphia, Pennsylvania

Doug H. Rapelje
President
Ontario Gerontology Association and
Director Senior Citizens Department
Regional Municipality of Niagara, Ontario

Dr. Anthea Tinker
Director
Age Concern, Institute of Gerontology
King's College at University of London
London, England

A stable and familiar environment is important in helping older people to lead full lives, according to Dr. M. Powell Lawton.

He told participants that a constant environment, in psychological terms, is one that you can take for granted without thinking about it. The normal comforts of home, like "an alarm clock on a shelf, a toilet that flushes, a mailbox," are all necessary components of an orderly, reliable home life.

A familiar environment and routine allow people to devote time to other activities, he said, as they can perform their everyday chores and activities efficiently. And the stability on which we all rely is especially important to older people, since long-time residences "are more likely to fit older occupants like a glove. Seventy-five percent of American seniors own their own homes. This enhances their familiarity with their environment, and makes life considerably easier." This principle applies whether the person owns the home or rents it, said Lawton, and extends outside the front door to the neighbourhood in which the individual has lived.

Stability, Stimulation and Support

Lawton pointed out that the environment can provide stability, stimulation and support, and these three functions can be in opposition or can interchange with one another. The stability provided by familiarity can give way to stimulation, if a person must become more conscious of the environment because of some positive change. Support may be experienced if a feature of the environment is modified to reduce the effort required for an activity.

Many seniors seek a more stimulating environment through actions such as:

- modifying their existing residences;
- moving to new locations, seeking such things as more sunshine, the company of other people, and opportunities for recreational activity; and
- moving to a different type of accommodation.

Sometimes environments change while a senior remains in place, through neighbourhood decline or improvement.

When an individual's physical abilities decrease with age, Lawton said, homes can and should be adapted to match these changes. If a person living in a two-storey home has problems with stairs, a room on the main floor can be adapted. Other changes can include a louder telephone and brighter lighting.

With the increasing emphasis on enabling older people to remain in the community for as long as possible, Lawton said, "there is a great need to increase our expertise in the designing of homes and in our ability to deliver minor home improvement services." He added that the environmental improvement approach described in a session the previous day (Panel 3a, Maltais) was the best he had ever seen.

A change of residence can be triggered by the need for a more supportive environment, and for some frail elderly people a move into a nursing home may be inevitable, Lawton acknowledged. He pointed out, however, that America has seen an enormous growth in a variety of supportive housing arrangements, which are intermediate between fully independent housing and institutions. Some continuum-of-care retirement communities are designed to provide both stimulating and supportive environments.

Older people can be active in selecting and creating an appropriate residential environment, said Lawton; "they have a role in choosing their homes—even remaining in place is a constant and re-affirmed decision." "We need to pay particular attention to the need to encourage old people to exert control over their own lives," he continued. "We risk overreacting to the problems of illness and age, by creating over-barricaded, stripped of colour, and overprotected environments."

Lawton stressed that environmental planners and service providers should be sensitive to the risks of overreacting to the impairments associated with aging by restricting too much the levels of environmental demands. A home that is too barricaded, too much protected from children's visits, or that contains no cooking facilities (all meals in a common dining room) may erode the resident's desire to maintain independence.

The worst thing about nursing homes, Lawton said, is that "no demands are made on older people to control their own environment or functions, even though a degree of control over one's own environment is essential to everyone. No one is so impaired as to be devoid of the need to reach out and exercise some control over one's life!"

A focus on familiar environments forms the basis for care of the elderly in the regional municipality of Niagara, according to the director of the region's senior citizens department, Doug H. Rapelje.

A Continuum of Care

Niagara is one of the few municipal governments in Canada with a department dedicated to providing services for the elderly, he said. In providing the following outline of the program, which offers a continuum of care, Rapelje stressed that the overall focus is to "recognize the potential rather than the limitations of older people."

The municipality operates six long-term care facilities, containing a total of 1050 beds, which provide multi-level care. These also serve as bases for community support and life enrichment programs and a "catchment" area has been developed around each of these facilities. This multi-campus approach means that distance is not a problem in delivering services to seniors' homes or in transporting seniors to receive services. There are also many private and nonprofit nursing and retirement homes, which form part of the network of services, and some hospitals are now reaching out to provide services to seniors in the community.

The community support, preventive care and life enrichment programs include the following:

- Satellite group homes, where two or three elderly people are placed with a family. (The homes are carefully selected and supervised and assure the seniors of a continuum of care if their health deteriorates. There are currently 35 of these homes, and it is estimated that total annual savings, when compared with the cost of care in old-age homes, are approximately $400,000. Also, no capital costs are involved);
- Homesharing, which is expected to become more successful when current attitudes change;
- Seniors' day-care programs, including store-front day care (About 35% of seniors in these programs would qualify for extended-care beds);
- Senior citizens' home-help programs, in which community workers do the screening, but the seniors are responsible for employing helpers for things like grass-cutting, repairs, and taking them shopping;
- Respite or vacation-care services, where seniors can spend between one and four weeks while their families have a break. (Group homes are now being used for this program);
- Alzheimer respite and counselling program, which provides victims' families with advice and four- to five-hour periods of relief;
- Senior volunteers programs, which are life-enrichment programs designed to help seniors remain active;
- Intergenerational programs, such as a licensed nursery school that operates out of a senior citizens home;
- "Grandparents-in-action Program," which trains seniors to work on a one-to-one basis with mentally or physically disabled children;
- "Friendly Visiting Program," which provides training to potential "visitors" and matches them with seniors;
- Meals-on-Wheels programs, which delivered over 60,000 meals in 1987. (This is a good example of coordination and cooperation, as over 700 volunteers and many residences and institutions are involved;
- Community facilities programs, in which seniors are transported to teaching facilities where they can benefit from students' hairdressing and meal preparation services;
- "Postal Alert Program," where postmen alert service organizations of anything unusual at a senior's residence;
- "Vial of Life Program," where potentially life-saving information is stored in a tube in the refrigerator for use by an ambulance driver;
- "Medic Alert Program," where seniors wear transmitters to summon help in an emergency;
- "Talk-a-Bit Program," in which seniors and others work on a telephone security program;
- Senior citizens' clubs (79 in the municipality), which provide marvellous opportunities for social stimulation;
- Senior citizens' centres, which offer nutrition counselling, meal programs and foot-care programs, as well as a wide range of recreational activities;
- Preventative health-care programs, where nurses offer counselling on health care (particularly important where one spouse requires a different level of care than the other);
- Acute- and chronic-care programs, which are designed to help seniors rehabilitate in their

homes (homemakers' services complement these programs);

- Private nursing services for seniors in their homes, including the Victorian Order of Nurses;
- "Medicine Bag Program," to raise awareness of the use of medication;
- Be-well programs, to promote wellness and help people with their needs, including relocation, nutrition and exercise;
- "Retirement Program," managed by seniors, which includes two-hour sessions on pre-retirement planning;
- Seniors' advocacy programs, in which seniors put out newsletters and undertake negotiations with government agencies;
- Information services, such as the Niagara Bureau.

"Given the growing elderly population, we need a comprehensive range of services; we have to prepare and plan for future needs and we don't need institutions," said Rapelje. He emphasized that, "when a system can guarantee a continuum of care and security, it encourages seniors, and their families, to use services in an appropriate and timely way and not seek premature entry into an institution because they fear a place may not be available if needed." Niagara provides a written guarantee of priority re-admission to anyone leaving the municipal homes or programs.

Rapelje suggested that we need to look at why people behave the way they do, both in order to serve them better and to use resources more effectively. The continuum-of-care model can respond to the needs of the individual, he said, but attitudes also play an important role in developing services.

Dr. Anthea Tinker posed the question "in considering the issue of environments for preferred lifestyles, are we considering what older people themselves say they want, or are we more concerned about the views of professionals and/or relatives?" Saying that in her presentation she would concentrate on evidence from older people themselves in the U.K., she nevertheless suggested that a balance of views should be struck to reflect particular circumstances. For example, professionals may have a much greater knowledge of up-to-date design and developments, and an older person's wish to remain at home, or live with family, may totally disrupt that family's life.

Tinker identified the following four themes that seem to come out of studies of seniors' preferences:

- The desire of many people to stay in their own homes;
- The wish of some to move to ordinary small accommodation;
- There is a case for specialized accommodation but there are some problems;
- There is a mismatch between what some people want and need and what they actually achieve.

Support Services

The wish to stay at home extends to the very old and frail, said Tinker, and an encouraging feature of housing provisions in the U.K. has been the development of services to enable this to happen. These include:

- initiatives to improve the physical condition of the home;
- schemes to enable people to communicate with others via alarms; and
- schemes to give personal and domestic help.

A recent development is the provision of agency services (which may be sponsored by local authorities, housing associations, voluntary bodies and the private sector) whose main purpose is "to help elderly people by identifying what work needs doing (to improve their home), arranging estimates, appointing contractors, organizing financing and monitoring the work on site." Tinker commented that research has already shown the value of these services in enabling frail elderly people to remain in their homes.

Research on alarm systems indicates that they need to be technically foolproof and there must be a well organized back-up service to ensure the certainty of a response. They are not a panacea, said Tinker, and need to be provided in conjunction with other services. They are not suitable for confused elderly people.

Research (not just in the U.K.) shows that important needs in housing are for privacy, independence, space and good design, said Tinker.

In the case of privacy she pointed out that the attitudes of people who provide care may be more important than good design.

While independence is a prized goal, Tinker pointed out that everyone is dependent on others to some degree. What is important, she said (quoting Hoglund) "is to do as little as possible to undermine those aspects of independence that are valuable to the individual." Designing for independence can help, but overcoming stigma and pity are more difficult.

Tinker stressed the importance, both psychologically and practically, for frail elderly people to have space for relatives and care givers to stay.

Designers should be concerned with what is convenient and accessible for most people rather than thinking of the minority, said Tinker. Most of us experience bad backs and other temporary disabilities which make it difficult for us to bend and stretch. If designers thought about this to begin with, there might be less need for special aids.

But if most people are to stay at home in their old age, Tinker emphasized, appropriate services will be needed to back up their decision. "Help with personal and domestic tasks by neighbours, nurses and family is not cheap," she said, even though "it's cheaper than sheltered housing or institutions."

At the same time, she stressed that some elderly people may prefer to move to specialist accommodation, or even institutions, if they require extra help.

Tinker said there is a clear need for better advice for older people, to help them make their own housing choices. At some point, she suggested, planners and professionals will have to accept a new balance between rights and risks, recognizing that seniors must make their own informed decisions and that "a policy of allowing frail elderly people a measure of independence cannot be free of risk."

Finally, Tinker stressed the need to coordinate services for older people among different levels of government, the private sector, volunteers and the community. She pointed to a recent proposal in Britain that the task of coordination be assigned to a single agency — in this case social service departments, within local authorities, acting through care managers.

Concurrent Panel 6a

DESIGNING ENVIRONMENTS YOU WOULD WANT TO LIVE IN

Moderator: Jean-Remi Champagne
Senior Research Officer
National Research Council

Panelists: Bente Lindstrom
School of Architecture
Aarhus, Denmark

Paul John Grayson
Founder and President
Environments for Living
Winchester, Massachusetts

Pamela Cluff
President
Associated Planning Consultants Inc.
Toronto, Ontario

Panelists in this session agreed that the changing needs and preferences of the elderly must be incorporated into the design of seniors' housing if comfortable aging in place is to occur.

Bente Lindstrom told the audience that in her country, the changing needs of the elderly are met in three ways: by designing housing of a high standard, by developing flexible nursing and service systems, and by offering options for an active senior life.

"People in Denmark have changed their view of the elderly over the past 10 years," said Lindstrom. "It used to be that when seniors retired, they lived invisible lives until they could no longer manage for themselves and were placed in nursing homes."

Today, Denmark's elderly are considered as one autonomous group of individuals above the age of 60 and people are deciding how they want to spend the latter third of their own lives. As a result, a high priority is now being placed on designing environments in which the elderly can live meaningful lives: by holding down jobs, and by using their talents and resources in integrated communities that encourage them to take care of neighbours, each other and themselves.

Prevention Better Than Cure

Based on the fundamental idea that prevention is better than cure, efforts are being made in Denmark to remove barriers that prohibit people from leading active senior lives. Seniors are encouraged to move into houses "fit for aging" while they still have the energy to make new acquaintances.

Activity centres are built within local communities to provide seniors with a place for meeting and initiating activities to help one another, and old people are given the opportunity to take part in the planning and development of their own communities. "The more decisions seniors can make regarding their own lives and the more they can take care of themselves," said Lindstrom, "the less services they will demand later in life."

A series of slides illustrated the effectiveness of these community projects. The centres are located in the middle of the community, close to shopping and services, and are intended to bring people of all ages together in order to strengthen social networks. In one case, said Lindstrom, the community couldn't afford a local activity centre, so seniors got together and renovated an old house that would serve the purpose. After 2 1/2 years and 20,000 hours of labour, the community had a new meeting place.

"Our aim is that old people should experience a life of continuity with the option of staying in their own homes, regardless of their state of health," said Lindstrom. To this end, mobile teams of home helpers and nurses have been established in every community.

These teams help older people with their housework as well as provide nursing and care. Seniors receive help according to their needs; some require assistance for only a few hours a week, others on a twenty-four-hour basis. For those seniors requiring additional care or rehabilitation, service and nursing centres have been established in most communities. Small clusters of houses for the elderly and the disabled are often built close to these centres.

"To really improve the housing situation for the elderly," said Lindstrom, "the focus should not be on new housing, but rather on renovating and improving existing outdated units where most of these people live." In Denmark, it is estimated that 100,000 older people cannot leave their apartments because they are no longer able to manage the stairs.

Along with prevention methods, added Lindstrom, options for the very elderly and those in poor health must still be available. While Denmark has its share of existing nursing homes, no new ones are being built. "Most seniors prefer to remain in their homes, and this is a much more satisfactory and less expensive option."

"We must learn to listen to the old people and cooperate with them," said Lindstrom, who dreams of making aging beautiful. "They are the ones who can identify problems and needs in their communities."

In Denmark, a council that is elected by and includes the elderly takes part in community planning and development and serves as the communicating link between the elderly and local authorities.

In order to coordinate efforts between those concerned with social development, planning, and housing, barriers between the various sectors had to be eliminated. Clearly defined goals and policies, in combination with information campaigns to encourage new attitudes towards the elderly and grants for research and pilot projects, have resulted in new legislation which secures housing, servicing and nursing standards for Denmark's elderly.

Innovative Technology and Universal Design

Paul John Grayson told the audience that with innovative technology and the application of robotics, it should be possible for the elderly to age comfortably at home and reduce the amount of stress on care givers. Focusing on demonstrated examples of home automation, Grayson looked at models from around the world that successfully permit seniors to live with limited assistance or in complete independence.

In Japan, for example, said Grayson, a combined effort by housing providers, manufacturers, designers, and scientists has resulted in the production of a prototype for a house that meets the needs of its occupants as they become more frail in a traditionally independent living environment.

Automation is a large part of the Midi-Prototype's innovative approach to housing for the elderly. With a remote control device, residents can operate window shades, raise their beds, or signal care givers. The home is also equipped with electronic safety and emergency devices such as annunciators, door locks, and alarms that can be controlled from a pendant. An elevator travels between floors, so occupants do not have to navigate stairs.

Universal design features, including moveable wall and closet panels, large rocking light switches, water faucets that turn on automatically when something is placed beneath them, hand-held showers, toilets with water jets for washing and a blow dryer, and entire bathrooms which serve as shower enclosures, increase the Midi-Prototype's accessibility and adaptability. In Denmark, said Grayson, button-operated sink lifts are automatically adjustable to suit users of any height. A toilet developed in Switzerland helps people sit down and stand up.

"By rethinking the layout of dwellings for older people," said Grayson, "we can make them more accessible and easier for people to live in." Balconies that are large enough to accommodate two wheelchairs and bedrooms with enough living space to allow for various arrangements offer seniors flexibility and comfort.

Like Lindstrom, Grayson emphasized the desirability of integrating the elderly within the community. A housing project in Switzerland, which offers seniors a variety of options from independent living to nursing care, has a coffee shop at the main entrance that is open to and attracts all members of the community. Another provides housing for the elderly, disabled young people, and young singles, and another provides day-care and meals for community members living outside a seniors' complex. All these projects have achieved a high degree of integration and interaction between age groups.

Treating people like "residents," rather than "patients," is also important in maintaining the dignity and activity of the elderly, said Grayson. A nursing home in Australia, for example, encourages its occupants to make decisions on a variety of issues, including visitor screening and menu selection. The people involved with this project found that if occupants are involved in the decision-making process, they become more active and remain healthier, thus reducing the need for care givers.

Pamela Cluff spoke of the challenge for the future in terms of designing appropriate living environments for seniors. She believes it will be to anticipate the wide variety of service requirements that will arise as the expectations of seniors gradually evolve and to develop solutions offering them dignity, autonomy, decision-making opportunities, and choice — even the right to choose to live in conditions that involve significant risk.

"We have to plan for a 30-year range," said Cluff, "and remember that along with the physical and cognitive losses normally associated with aging, seniors will experience many personal changes in their post-retirement lives." Housing providers must create environments, products and services that are intended to specifically address the changing needs of the elderly.

Today's buildings will also have to serve seniors in 15 years time," she said, "so the basic right of an individual to privacy, security, independence, and dignity must be kept in mind at all times." Many of the factors that contribute to suitable seniors' housing are incorporated into all good building design. Adequate, secure, and safe spaces should certainly be provided, said Cluff, as these considerations are important to elderly people, and particularly the frail elderly. Seniors should also have the right to engage in social interaction or to retreat from it, and appropriate design features should be used to safeguard this right.

Audio and visual privacy of seniors should be maintained, Cluff said, making the use of carpets and other sound-absorbing materials an important design consideration. At the same time, however, some hearing-impaired seniors may need reinforcement of sound with visual aids such as telephones and doorbells that trigger flashing lights when ringing.

Warm, Colourful Environments

One of the most inexpensive ways of addressing sensory losses such as eyesight, coordination or hearing, said Cluff, is by enhancing colour and design, and increasing visual stimulus with transitional spaces. "Building for the elderly is not the time to use pastels, whites, or greys. Seniors need a warm, enhanced environment of reds, blues, turquoise."

Lighting is another common problem for the elderly. Because most people have difficulty with reduced and spotty lighting as they age, Cluff recommended making better use of natural and artificial light sources to increase levels of brightness and give clearer definition to colours.

Wayfinding strategies are also an important consideration. Seniors' housing should use a modest number of simple signs to help residents find their way from one room to another. Single pictograms, in recognizable shapes and patterns, are most effective.

Site location is a very important factor in meeting the needs of seniors, said Cluff. When choosing a site for development, housing providers must remember that seniors should be a part of a community, close to parking, shopping and services, and should have access to appropriate outdoor recreational and leisure space.

In closing, Cluff emphasized that the human life cycle directly affects the life cycle utilization of housing. "If we want seniors to age in place gracefully," she said, "then we must be able to support them through all of the changes that will occur in their lives beyond the age of retirement."

Questions and Answers

Asked what percentage of the seniors population in Denmark is currently aging in place, Lindstrom replied that only 15% of older people in Denmark live in specially designed housing; the rest of the elderly population lives in ordinary houses.

A delegate wondered how to convey to builders, planners and architects the concepts discussed in the panel session. "There is no easy way," replied Lindstrom. "You can involve them in preliminary discussions before they put pencil to paper and take more time in discussing the requirements of the residents with them before they advance their own philosophical solutions."

Lindstrom was asked how Denmark's experience in getting things done compares to Canada's, where three levels of government and lack of coordination between housing and health jurisdictions must be dealt with. She answered that in Denmark, only the local authorities at the municipal level get involved in the provision of housing, services and other activities relating to the elderly. Although the central state government subsidizes the housing, the decisions are made in local municipalities. In the particular case of Odense, where seniors have taken over, the decisions are made by a group which is 50% seniors.

Concurrent Panel 6b

A SUPPORTIVE NEIGHBOURHOOD — IS IT ATTAINABLE?

Moderator: Senator Brenda Robertson

Panelists: Dr. Neena Lane Chappell
Director
Centre on Aging
University of Manitoba
Winnipeg, Manitoba

Frank van Nimwegen
Executive Manager
Steering Group for Experimental
Projects on Housing in the Netherlands (SEV)
Rotterdam, Netherlands

Valerie White
Coordinator
Nova Scotia Senior Citizens Secretariat
Halifax, Nova Scotia

Panelists in this session emphasized the need for a full range of supportive services, if the elderly are to remain in their own homes. "A lack of them," said one panelist, "can force the elderly out." Dr. Neena Chappell told participants that the availability of community services, as well as the informal support of family and friends, is often the deciding factor in determining whether an elderly individual can live independently within the community.

The Concept of Community

Chappell defined community as "a subdivision of a larger area, with a sense of local unity or identity, where face-to-face interaction with others is common." Although the term can also apply to a group of people who share common interests but are not physically proximate, we do not know the extent to which these community linkages are maintained as one ages, she said. Deteriorating health and decreased mobility, for instance, might interfere with feelings of belonging to communities that are not particularly proximate.

For the elderly, then, the concept of community is interpreted as a feeling of belonging, intrinsically tied to the belief that wants and needs will be met in a comprehensive fashion. Housing programs and service systems for the elderly are intended to serve this physically proximate definition of community, said Chappell, which leads to a very broad definition of health and health care.

This definition is consistent with that of the World Health Organization, in that it is not limited to medical concerns, but includes economic, social, psychological, and environmental considerations. It is through this broad definition of health, said Chappell, that a truly supportive community can be achieved.

Health and Social Services Evolving

She described Canada's present health care system as "very much a medical care system," physician-dominated, hospital- oriented, and designed to treat acute disease rather than the chronic conditions of aging. "Most jurisdictions have yet to provide social and community services in the same universal context as physician and hospital services, and access to these services varies widely across the country and between the social classes."

Chappell doubts that the current structure will be adequate to cope with an aging society and its chronic disabilities, especially given the new emphasis on aging in place within the community.

"It was not until the late 70s that social services were recognized, in their own right, as having a vital role to play in the health of the elderly in Canada. At the same time, people began to realize that housing was only available for the elderly at two extremes, nursing homes or long-term care institutions for those who required total care and housing options within the community." The missing option was "supportive housing," which would allow the elderly to remain in their communities by providing them with limited services.

Having moved beyond the recognition stage, Canada is now entering the experimental stage, testing different supportive housing models. But we are still at the beginning, said Chappell, "we are still asking what range of supportive housing services is appropriate."

"Studies in Britain, the United States, and Canada all indicate that seniors want to stay in their own homes for as long as possible, and generally welcome a supportive housing option that would enable them to do so even in failing health." Under a system referred to as "home-care services" in Manitoba, seniors' needs are individually assessed, and the required homemaker and nursing services are brought to the person's home.

Another popular supportive housing option, Chappell said, is apartment living with limited internal service provisions, such as alarm systems, optional meals, caretaker services and emergency contacts. These ideas are now emerging in the Canadian context.

Very few seniors express a desire to live with their children, said Chappell, feeling that their presence would be a burden. Yet, the issue of whether or not, and how, elderly people can cohabit with children without being a burden has not been examined in any detail. The idea of garden suites, however, is beginning to catch on slowly in Canada. "The problem with this type of arrangement is that the elderly individual is taken away from familiar surroundings and peer relationships to be put in close contact with family members. The senior then has to adjust to the lifestyle and neighbourhood to which the family is accustomed and suited."

Segregated Housing An Option

In contrast to many conference speakers, Chappell told the audience that subsidized, age-segregated housing does not cut the elderly off from the community at large. She cited research indicating that seniors living in this type of environment not only maintain family and friendship ties with the rest of the community, but experience increased social interaction and mutual support with their peers who live in the same building. Unfortunately, as these people age in place and experience declining health, increased service provision becomes a problem.

Manitoba is currently testing one support model in which a tenant resource coordinator serves as an ongoing liaison in a seniors' high-rise building, with responsibility for monitoring residents and linking them to available community and home-care services. Studies show that this apartment-complex option is not only economically viable, said Chappell, but provides seniors with a sense of autonomy and privacy in a safe and secure environment.

When offering seniors any segregated housing option, however, Chappell cautioned that housing providers must ensure they do not inadvertently erect barriers that will inhibit seniors from maintaining their interaction with the broader community. "While the elderly want to live as independently as possible, they do not want to be cut off from family, friends, or from their favourite shopping spot or movie theatre."

Seniors' housing choices generally reflect their own sense of the services they require, or will require, said Chappell. Those choosing self-contained apartments that offer only limited internal services are more confident about their future health and abilities, while seniors entering multilevel care facilities generally anticipate a need for health care services. The common denominator between these two lifestyle options, and all supportive housing options, is the senior's increased sense of security.

"In order to provide a supportive community for the elderly and an opportunity for them to remain in the housing option of their choice," said Chappell, "the critical variable is the provision of a comprehensive range of universal and accessible community and social services."

One barrier to the provision of these services, she said in conclusion, is the distinct jurisdictions Canadians have carved out in their society. "We have different provincial Ministers of Health, Community Services, and Housing, and if a comprehensive range of universal and accessible services is to be provided to seniors, these various jurisdictions will have to coordinate their efforts and cooperate closely in the years ahead."

Comprehensive Services in the Netherlands

Frank van Nimwegen described an emerging comprehensive and coordinated health and social welfare system much like the one called for by Chappell.

"The Dutch system," said van Nimwegen, "comprises strong tenant protection laws, income supplements, government-subsidized homemaking and home nursing programs, and a network of local agencies to coordinate services for the elderly." Like Canada, the Netherlands has an aging population. Over the years substantial attention has been given to building special facilities for older people, and more than 10% of the country's elderly population lives in institutions. This represents the highest rate of institutionalization in the world.

But, like many other countries, the Netherlands is now finding that older people do not want to be institutionalized; they prefer to live independently for as long as possible. "We have given too much attention to institutions," said van Nimwegen, "and although the situation is changing, people still believe they will end up in an institution when they get old."

There are two key issues relating to independent living in the Netherlands: adapting the current housing stock and the neighbourhoods to accommodate the changing needs of an aging population, and providing the elderly with the services and support that will enable them to remain in their homes.

Of the 15 million people living in the Netherlands, 22% are more than 55 years old, and this proportion is expected to increase to 35% by the year 2035. The 2.7% of seniors that are now aged 80 years and more will increase to 5.4% by the same year. At some time, said van Nimwegen, this older group will have to be accommodated in some form of dependent housing, and this is being treated as a separate issue.

Forty percent of the population rents its accommodation from more than 1100 local nonprofit housing associations, which collectively own about two million of the country's 5.5 million dwellings. Thirty percent of these units are being occupied by people 55 years of age or older.

Rental housing in the Netherlands offers tenants a high degree of security: they cannot be evicted unless they fail to pay their rent (about $230/month Canadian) and rent increases are controlled by the government.

As well, the Netherlands has many other services geared to help the elderly remain in their homes, including a government-subsidized homemakers organization with 250 agencies and more than 40,000 employees; a government-subsidized national home nursing organization with 1500 local member organizations; a "Meals on Wheels" program; a "Social Network Care" program, which is a volunteer organization designed to help neighbours and stimulate their work as care givers; a national organization that coordinates the work of all the agencies that provide services for the elderly; and 400,000 members in three major seniors' organizations — Catholic, Protestant, and neutral — that work together at the national level.

Van Nimwegen showed a series of slides depicting three low-income rental projects built for the elderly by local housing associations in the Netherlands.

One centrally located, typical 4-story, 16-unit building, built in the 1960s, has been renovated to meet the changing needs of its aging tenants, including the installation of an elevator and a new heating and ventilation system. The renovation has not only helped elderly tenants remain in their homes, but has also helped to stabilize the neighbourhood.

Initial attempts to renovate a project located in an old area of Rotterdam were unsuccessful. An active community group took the initiative to renovate the building to house the elderly. They incorporated a community centre that provides services for both the tenants and other older people in the neighbourhood.

In Horn, an 87-unit community apartment building for the elderly is completely managed by the tenants. There are no formal directors, caretakers, or professionals involved in the daily operation of this experimental project. The tenants are responsible for the community rooms and the administration of the building, including tenant admissions, landscaping, and public relations. The operating cost of this building is much lower than that of a conventionally operated, professionally managed building, said van Nimwegen, and it is hoped that through increased participation and involvement and by caring for one another, seniors will lead more active, satisfying, and independent lives.

By shifting the emphasis from institutionalization to providing a range of housing options, the Dutch government and those concerned with the provision of housing for the elderly hope to accommodate the remaining 90% of their seniors within a supportive community context.

Available and Accessible Services

Valerie White agreed that a complete range of innovative support services must be made available to seniors in order to keep them in their own homes and communities. "Many times, what forces the elderly out is the lack of services such as snow removal, transportation, handyman, or heavy house cleaning."

Once it is generally accepted that certain services are needed and should be made available to seniors, the next step is to ensure that these services are accessible, said White.

Emphasizing the importance of transportation services for the elderly, White told the audience that "the most luxurious range of services would be of little use to seniors if their housing is located miles away from the necessary services."

Seniors need to be near shopping, churches, and medical facilities. If a senior does not drive, cannot afford to hire transportation, or is unable to catch a bus to reach the necessary services, problems multiply, said White. He or she begins to wonder if a nursing home or another housing option might not be a more practical choice.

"It is essential, therefore, that when services for the elderly are provided they are easily accessible, and this means either bringing the service to the senior or incorporating methods of transportation into the service planning process."

While it is wonderful to dream of providing a full spectrum of services to all seniors, said White, we must face the reality that they must be affordable to both seniors and governments.

When supportive neighbourhood development is being planned, two key questions that will greatly affect the cost and extent of service provision are who will pay for services, and to what extent should family members be responsible for providing them.

The financial status of the senior very often decides the type and the quality of service provided. Because most support services are geared to income level, if seniors have the ability to pay, their choices and options broaden. While low-income seniors often cannot afford to pay for services, middle-income seniors and their families are often forced to pay exorbitant fees for services or do without because their income happens to fall just above the qualifying limit for subsidy programs.

Not only is it important that seniors have adequate incomes or pensions to afford the necessary services, said White, but services such as financial counselling and assistance with family business and money matters must also be available. Many elderly widows in particular have never written a cheque, let alone run the family finances.

Government assistance to families for the support of their elderly is one option, said White. It could result in net savings to the public while providing quality and dignity of life for both seniors and their relatives.

In general, White said, most seniors could use at least a little help. It is indicative of their independence, however, that such requests often arise during times of crisis, or worse, when they are at the breaking point. This is also true of families caring for elderly relatives. It seems ironic that the stressful circumstances which create the need for support services often make the task of seeking these services so formidable and prevent their use.

Caregivers Need Support

"We are moving toward a time when the financial and emotional resources of the family must be enhanced," said White. "Families provide the greatest amount of support for seniors and yet we have not adequately addressed the need for supportive services for the care giver."

Families are expected to provide care for their aging relatives, but most often feel inadequate and insecure in this acquired role. Family care givers require communication skills and a knowledge of the health-related aspects of aging to effectively care for their elderly. Support services for care givers help these families achieve a greater sense of control by identifying their strengths, teaching new skills, and explaining the options.

Respite services, both voluntary and paid, provide for brief day and/or overnight care, and regular visits by the elderly relative to an adult day centre and vacation beds are crucial to the family care giver.

While day respite is important, night respite is equally so, as it offers the care giver a good night's sleep in preparation for yet another often difficult and demanding day.

Counselling services which encourage self-help are of great use to seniors and family care givers. Peer counselling – seniors helping seniors – and activity and recreational programs designed for seniors should be developed and made readily available, said White.

The need for support services at night is another issue that should be recognized in the community. Many seniors, especially those who have been widowed, are afraid to stay alone at night. "The need for a nighttime companion is just as important to the frightened senior as is the need for a professional nursing service to the senior who is ill," said White. "When a senior loses his or her sense of security, it is only a matter of time before a health problem arises."

"Cost-effectiveness is not always possible in the delivery of support services," said White. "Nor is it the most important consideration. The enhancement of a senior's quality of life is a much more important aspect in the delivery of all services which enable the elderly to live where they want to live."

Support services must be appropriate to the level of each individual's need, and must be sufficiently flexible to accommodate changing requirements. "Seniors are extremely heterogeneous," said White," and not all seniors need all services. Appropriate assessment of need, coordination of support, and ongoing evaluation are the best ways of ensuring cost-effectiveness and flexibility."

As well, continuous consultation with individual seniors and advocacy groups is vital in providing a full range of useful and effective support services. "From the early planning stages through to delivery and evaluation," said White, "seniors must be involved and consulted. After all, many of the most helpful services are organized and delivered by seniors themselves."

Concurrent Panel 6c

DEVELOPING AND MARKETING SENIORS' HOUSING — FROM CONCEPT TO REALITY

Moderator: William Jappy
President, Central Park Lodges

Panelists: Karl Falk
Manager, DSI Tandem Co-op Resources Ltd.
Winnipeg, Manitoba

Joseph D. Newland
President, J.D. Newland Associates
Upper Arlington, Ohio

Ted Stack
President, La Vida Communities Inc.
Calgary, Alberta

Positioning is everything in life, particularly if your working day consists of selling a growing range of housing options to a diverse and informed seniors' market. This was one of many conclusions reached by the private and nonprofit developers in this panel discussion.

Seniors' Involvement

Karl Falk began the session by presenting the perspective of a nonprofit technical resource group. "Canada has been rethinking its collective approach to the development of retirement housing," he said. "Increasingly, seniors are having a direct role in the development of their projects," a shift that fits well with cooperatives' orientation toward member involvement and control. These seniors, said Falk, "have legitimate aspirations for independence and high-quality living arrangements, and, while affordability remains a major issue, many of them have financial and other resources to devote to the development of their projects."

With respect to seniors' cooperative projects, Falk said that tenant involvement began only about three years ago, with the average age of these involved being in the 70s. Co-ops are nonprofit organizations owned and operated by member residents working within a board committee structure, explained Falk; each member has one share and one vote. The members — who are owners as well — have control over the expenditures, housing charges, and management. However, no capital gains accrue to the members.

As tenants/managers, seniors are highly motivated, form strong boards, have academic and practical experience, and are well organized. This means that when consultants are approached, it is primarily to fine-tune a proposal, to advise on financing and design, to help obtain municipal approval, or to establish demand and initiate preliminary marketing studies. And typically, said Falk, the seniors ask two questions: How much will it cost? and how long will it take?

To successfully develop a seniors' co-op project, two preconditions are essential: a strong sponsoring group and a valid development concept. The project must have a well thought-out focus and must address a real need or demand. It "has to make sense from the outset," said Falk. The objective can be as simple as providing affordable housing for seniors, can reflect a specific ethnic or religious orientation, or can cater to residents with special needs.

In any project, the common denominator is the group's ability to meet the identified demand in a cost-effective way. "The project has to make sense financially," Falk said.

While "no consultant can provide either of these preconditions — and no housing program can," a technical resource group such as DSI can play a role in the project's development. A technical resource group can help to define the co-op group's immediate objectives "and to see those objectives become tangible projects in which the members will enjoy living."

Help can be provided in the following ways: determining the housing form; ensuring appropriate design; assisting with proposal development, ensuring the proposal is financially sound; recommending a suitable project size and unit types and sizes; and identifying the target group. Critical development issues for any co-op include site selection and project approval (and the implications that approval delays have on the budget), project design, construction of the project, marketing, and managing. Falk also stressed the co-op's need to ensure that the private sector is "an ally and not an adversary" and the importance of close co-ordination to avoid unnecessary competition among housing groups.

In addition, Falk identified a variety of design features that should be incorporated in seniors' developments. These included the following: automatic door openers, front door security, emergency call system, sound insulation, careful attention to exposure, well planned amenity spaces, drop-off and waiting areas for members and guests, a furniture holding area for moving in and out, adequate parking for members and visitors, ample storage in the suites, and a caretaker suite in the larger buildings.

Financing for seniors' co-ops can come from two programs: the indexed link mortgage program and the non-profit housing program.

With respect to marketing, Falk emphasized that this should begin as soon as a completion date has been determined and that the members are the co-op's best salespeople. With costs ranging from $1,000 for 20 units to $10,000 for 70 units, marketing "is not a big-ticket item," but must still be handled well to ensure that all the units become occupied. "Our shortest move-in schedule has been about seven days for 74 units," he said.

Lifestyle and Leisure

Joseph Newland described the language and positioning that go into successful marketing as "something that 95 to 98% of developers in the United States do not understand." Over a 15-year period, he said, retirement housing in the U.S. shifted from "a distinct medical model" to a vibrant market of affluent 55- to 75-year-olds "in quest of lifestyle and leisure." But the transition has been far from easy.

Describing a scenario that has changed dramatically during the past two decades, Newland first expanded on the situation that existed in the 1960s and 1970s, when seniors' housing was dominated by non-profit church groups. The typical project (based on a medical model) ranged between 150 and 200 units and the buildings had a distinctly institutional appearance. They were sold or marketed, said Newland, on an entry-fee basis with no refund. Under a mandatory service arrangement, residents had to pay for three meals a day, whether or not they ate them. "It was a seller's market, and demand exceeded supply. There was no need to market these projects back then," said Newland.

However, a more sophisticated seniors' population has emerged. Seeking to tap into this new market, developers along the way built congregate-type facilities. These facilities did not have any health care component; they were lovely apartment buildings, with a kitchen, dining room, lounges, and amenity areas. "It was expected that this affluent market of seniors would move from their 3800-square-foot homes into a 640-square-foot, one-bedroom or 900-square-foot, two-bedroom apartment unit," said Newland. "The concept was greeted with the sound of silence." Seniors' housing became a buyer's market.

Increased competition forced the nonprofit groups to adopt marketing strategies. But to do this, they first had to learn about marketing. "If you're going to market, you have to know what marketing means," said Newland. "It's more than advertising, I can assure you." Selling the seniors' market means deciding "to learn and speak 'seniorese,'" spending considerable time with prospective customers and their families (five or six visits are common before a decision is made), accepting three- to four-year fill-up periods, and planning on marketing costs of $6,000 to $20,000 per unit. "You need to have a deep pocket, and you need to have staying power."

The nonprofit groups had to adopt the mentality of hospitality providers, to learn to appreciate rather than just tolerate the senior resident, said Newland.

You Have to Love Seniors

Beyond learning how to market to this new group, however, developers of seniors' housing have to become more effective in how they approach their target market. Newland said, "It's not retirement communities or nursing homes per se that had a stigma in both the United States and Canada. What is not popular is getting old, and that is going to remain the situation until more of us get there and we have the clout [to change things]."

Clearly, pointed out Newland, if you yourself are frightened of the aging process, then you are going to feel threatened by an aging person. The implication is that "you can't be an effective manager or salesperson. You have to love senior people, and you have to love dealing with their attitudes and their fears and their concerns. If you do not love it, you are in the wrong business."

For developers who don't know where to start, the answer can be found in one word, said Newland. "The word is positioning — you must create the right value perceptions via positioning." To sell effectively, he urged developers to follow these steps:

- Position themselves mentally, since "you can only communicate to others what you believe in your own mind;"
- Establish themselves in the client's mind as "a resourceful person who has information of great value" to offer;
- Dress appropriately;
- Reflect professional goals in personal behaviour;
- Make the client the focus at all times; and
- Ensure the quality of follow-through, recognizing that "the delivery of your services had better be as good as the marketing presentation."

Most marketing strategies position projects for failure or, at best, limited success, said Newland. The perception must be created that the value is greater than the asking price: "You must make yourself or your program or your sales staff or your administrator important to the client; you must be perceived as an authority on issues affecting the market."

Newland went on to say the people have to believe that you can help them relieve their pain, or offer them "something of greater value than they now have and cannot get any place else." The revised golden rule of marketing, he concluded, is to "do unto others as they would have you do unto them."

Ted Stack described the efforts of his firm to provide accommodation, health care, recreation, and personal services to adults aged 55 and over in selected centres in both Canada and the United States. Several years ago, when La Vida began building seniors' retirement housing communities, little information existed on the needs of this market. According to Statistics Canada, said Stack, only 9% of the over-65 group reside in institutions, but this does not necessarily mean that the rest are satisfied with their current lifestyle.

Only 5 to 10% of seniors are able financially to choose the type of accommodation and level of services and care they want. The remaining 90 to 95% of the 65-plus group live within five miles of where they retired and avail themselves of whatever accommodation is available. This latter group also stays close to home because of family ties, personal relationships, security, and affordability.

For Stack, the seniors' market is characterized by the following elements:

- For all but a small percentage, there are limited alternative housing and lifestyle options;
- Not until recently had any real initiatives been taken to explore the need for adult alternative lifestyles in the Canadian marketplace; and
- The current senior consumer is a frugal, poorly informed, equity-rich, and cash-poor individual who wants as much enjoyment and comfort out of life as any other Canadian.

The needs of this market, said Stack, must be identified and met.

A large proportion of Canada's seniors "have worked diligently for 40 years to pay off their debts, have a modest home and income," derive the majority of their net worth from their debt-free homes, and generally are in no hurry to move, he said — "no matter how hard the market is trying to convince them that they need a new lifestyle, a new retirement home, and a new community." This is particularly true if a move means a new financial burden.

Because of these factors, some fundamental needs must be satisfied in order "to create the required market momentum to develop and market lifestyle retirement communities to Canada's seniors," said Stack. The right climate must include the following elements:

- *Freedom:* seniors want and need to control their own destiny and make their own decisions;
- *Privacy:* seniors need to control some personal space;
- *Security:* seniors require property, health, and personal security; and
- *Affordability:* seniors want a choice of products and services that they can afford to purchase without using their savings or being forced to go back to work.

Another Alternative

For many seniors, the only alternatives available until recently were institutions, subsidized high-rises, or stay-put living. Stack pointed out that government, nonprofit, and volunteer organizations have borne the brunt of satisfying the housing and care services needs of seniors. "The reality is, we cannot afford to have these groups assume all of the responsibility."

As the current systems to satisfy these needs are financially burdened, Stack said alternative types of accommodation and services must be found. Private lifestyle or lifecare retirement communities provide one such alternative for those clients who want to avoid an institutional setting.

Using slides of one La Vida community — "Woodside on the Green" in Arie, Alberta — Stack provided the audience with a visual idea of what lifestyle community living is all about. In this particular location, residents enjoy maintenance-free living, a leisure centre, access to a semi-private golf course, community shuttle service for shopping and special events, a security response system in every home tied into the on-site Bethany Care Centre, an array of optional medical and homecare services on an as-needed user-pay basis, and a choice of fee-simple ownership or rental.

The overall objective of such a community, said Stack, is to "promote an active lifestyle in terms of recreation and well-being." Residents do not have to be burdened with upkeep and maintenance worries. As well, they can enjoy health care security in a non-institutional setting.

Stack pointed out that, while lifestyle communities offer only a partial solution to the problem of accommodating and caring for the aged, they do decrease the demand for public funds to subsidize institutional facilities.

Trends and Challenges

Emerging trends and challenges include the following:

- A growth rate among the 65-plus age group that is faster than any other, a trend that will continue over the next 50 years;
- Seniors' growing control over the accumulated wealth of the country, with a large proportion of seniors having improved private pensions, low personal debt, clear title homes and a high degree of financial liquidity;
- Seniors' clear desire to stay put, to be near family and friends, or to relocate nearby;
- Failures in conventional housing design that, because they cannot accommodate the changing needs of older people, eventually make the home a burden;
- The proportion of seniors — about 80% — who can live independently;
- The need for more health care facilities and services, which may be partially offset by the trend toward better health among older people;
- The challenge of convincing clients that the reward is worth the risk;
- The rising cost of health care and governments seeking ways of curtailing and managing these costs;
- Improved pension plans which, along with improved personal wealth resulting from two-income families, will eventually create more of a demand for lifestyle communities.

As the average age of the population continues to rise, Stack said, society's perceptions of the elderly will change. "Many of the myths will be dispelled as the elderly become more physically fit, financially secure and politically organized." As a result, "educators and planners will focus more resources on understanding and predicting the various elements that will create potential conflict between the young and the old."

Stack offered the audience his own list of issues that will concern developers in the coming years. These include:

- *Affordability:* the cost of acquiring and developing the perfectly located project in light of rising construction costs, more restricted planning and building regulations, and increasing taxes;
- *Availability of Development Capital:* without the involvement and commitment of the financial and investment industry, solid investment opportunities will be lost;
- *Education:* an effort by government and industry is required to educate and inform seniors about options and their advantages and disadvantages;
- *Commitment:* a commitment has to be made to understand the market, which means intensive research and analysis, and securing the capital backing to see the project through;

- *Location:* "shoe-horning" projects into existing land inventory seldom pays off, and selling trade-offs is tough, because staying put is easier;
- *Accurate Market Segmentation:* do your own homework, understand your potential buyers, get out into the community, and get to know your prospects; understand their buying motives and what they can truly afford;
- *Competition:* know them all;
- *Control:* fully integrated companies that acquire, plan, construct, market, and service their communities will achieve the greatest success, because the retirement market is unique and specialized;
- *Community Ambassadors:* capitalize on your residents, as they are the best and least expensive promoters of your product.
- *Opportunity:* there are excellent opportunities in lifecare retirement development and management; congregate living centre development and management; private health care and personal services; and life tenancy developments

In conclusion, said Stack, lifestyle retirement living provides residents with a living environment "that not only satisfies the need for accommodation, security, and freedom, but also provides a feeling of belonging and wellness." Although there is clearly a need for institutional care, Stack believes that seniors' lifestyles can be enhanced and the socioeconomic system can be improved by developing non-institutional living environments.

Concurrent Panel 7a

DESIGN CONSIDERATIONS FOR CHANGING NEEDS — WHAT HAVE WE LEARNED?

Moderator: Esmail Baniassad
Vice-President
Royal Architectural Institute
of Canada and
Dean of Architecture
Technical University of Nova Scotia

Panellists Pamela Cluff
President
Associated Planning Consultants
Toronto, Ontario

Ronald L. Mace
President
Barrier Free Environments Inc.
Raleigh, North Carolina

Heather Snell
Executive Director
Barrier Free Design Centre
Toronto, Ontario

A number of practical solutions can make seniors' housing more adaptable to individual needs. Panelists in this session agreed that the need to do so is certainly evident.

Today, more frail seniors are seeking to lead independent lives outside of institutions, despite disabling conditions such as loss of mobility, sensory capability, dexterity, strength and even cognition, observed architect Pamela Cluff.

To support these aspirations, she said, "We can design, modify, or adapt buildings so that they can support independent human functioning regardless of disability."

18-Year-Old Males

Cluff urged other architects and designers to adopt comprehensive, barrier-free designs that ensure universal access to both dwellings and the community and take elderly people's functional limitations into account. The need is great to move away from the current model — in which "the world is designed for 18-year-old, tall, white males" — and begin to design, modify, or adapt buildings so that they can support people's varying needs.

In persuading the audience that universal access to both dwelling and community is the route to go, Cluff referred to several statistics:

- 13.6% of the Canadian population is disabled in some way;
- 38% of elderly people have functional disabilities and most have more than one disability;
- 675,000 Canadians have sensory impairments (losses of sight, speech, smell, taste, or tactile ability);
- Three-quarters of a million people in Canada suffer from mobility impairments (i.e. not only people using wheelchairs and walkers, but also people who simply cannot walk fast);
- Those with coordination impairments (inability to coordinate hand and sight movements, manipulating, grasping, rotating, people with Parkinson's disease, cerebral palsy victims) form the second-largest disabled group in Canada;
- The fourth-largest disabled group are people with comprehension impairments, a problem that is quite significant in the 85-plus group — about half the people in nursing homes have cognition or memory problems;
- The fifth-largest disabled group have situational impairments (e.g., an older person who is short and overweight and, as a result, has difficulty moving or reaching things in a confined area); and
- About 350,000 Canadians are affected in one form or another, by comprehension, coordination, or situational impairment.

Just as with disabled people, problems facing the elderly include a lack of accessibility to housing and public amenities (including transportation), lower incomes, the lack of affordable housing options, discrimination, and segregation. Ready access to housing, transportation, and other services contributes to the independence and well-being of the elderly.

Accessibility, said Cluff, includes "integration into the mainstream." It should be provided so that the elderly can remain autonomous, have an "equal opportunity of choice and adequate income to exercise that choice," and be able to live in a suitable environment that offers various arrangements from independent, to semi-independent, to dependent living situations. In the home itself, said Cluff, accessibility means such things as wide doors and easy-to-operate faucets.

However, "when we are designing accessible environments, we have to understand the needs of those for whom the environment is being created.... We are not designing for a static situation. We are designing for people whose physical, social, economic, and psychological situation will change over time."

Stressing the need to design environments "for a whole range of changing needs," Cluff pointed out that, although averages show that physical problems tend to increase at around 75 and that people over 85 are more likely to suffer comprehension problems, many 90-year-olds remain "active and full of beans."

Current barriers to providing appropriate environments include physical, legislative, attitudinal and program/policy barriers. In addition, said Cluff, the elderly are urbanizing themselves at a faster rate than expected, for several reasons: availability of services; opportunities for leisure, social activities, and recreation; accessible, affordable, safe, and convenient public transportation systems; and the availability of stores and amenities within easy walking distance.

In discussing specific design solutions for the elderly, Cluff listed general principles that should be followed. These included:

- Wide door frames to accommodate wheelchairs and walkers;
- Suitable hardware and other enabling door-opening devices;
- Appropriately sized and equipped elevators and bathrooms;
- Enhanced, low-glare lighting;
- Safe, non-slip floors;

- Good use of colour and clear signage;
- Accessible parking;
- Exterior, accessible walkways and landscaped areas;
- Accessible and appropriately sized balconies;
- Windows, mirrors, pictures, etc., placed within eye range of the elderly;
- Reinforced walls around toilets and sinks to allow for the installation of grab bars;
- Accessible showers with appropriate controls;
- Properly located paper towel dispensers;
- A nicely sized dining room with room for easy circulation and comfortable sitting arrangements;
- Opportunities to enjoy views and sun-shading;
- Good air quality and appropriate indoor temperatures; and
- A safe and secure environment, which can be modified as needs change.

Cluff underscored the importance of keeping aesthetic values in the forefront. "What you want today as a young adult you may also want later when you're a senior. The aim is to shift those values into being a senior."

Ronald Mace established his company 15 years ago to design homes for people with disabilities. He said his experience has shown there is no distinction between the housing needs of older and disabled people.

Universal Design

Much of Mace's work is based on a philosophy of universality. Instead of creating specialized and expensive housing for seniors and the disabled, he believes all housing should be improved. He observed that regulations caused many specially designed dwellings for disabled people to be built in the United States. These looked different; were not wanted by able people; did not rent as readily; and were often overdone for disabled people.

"We are moving away from special to universal design — away from creating a few special and unique things for a group of people" to integrating essential features that will work for everyone, said Mace. By creating units that incorporate universal features, housing can become more flexible and adaptable and more widely accessible.

Elaborating on this, Mace said the adaptable idea is synonymous with "adjustable." Items that can be adjusted include kitchen counters and cupboards. Surveys of disabled people show that the removal of two major barriers — the step at the entrance door and the narrow bathroom door — would create accessible housing for many of them, said Mace.

Other things that would make life easier include the following:

- Lower light switches and higher receptacles;
- The replacement of ramps, which are considered ugly and place an unwelcome label on a house, with terraces or contoured gardens;
- More accessible common facilities, including garbage disposal, mail boxes, and swimming pools;
- Powered doors, if economically feasible, and lever-type or leather handles, which can be operated with minimal effort;
- Removable counter sections under kitchen sinks or adjustable countertops;
- Reinforced walls around toilets, showers and sinks for future installation of grab bars;
- An offset control for the bathtub so it can be operated from the outside;
- Low or adjustable rods in clothes closets; and
- Shower stalls with built-in seats.

"What we're headed for is universal, accessible houses that are more marketable and that can be adjusted according to the level of accessibility needed by the owner," Mace said. "We have to develop a hierarchy of levels of accessibility, where the more features you add, the more accessible a home becomes."

Heather Snell echoed the need to make ordinary housing more accessible to everyone — including seniors and the disabled. The Barrier Free Centre, a nonprofit organization, connects people who need their homes renovated to fit special needs with architects and builders who can do the work. "When a client calls, we check out their needs and then decide whether or not to provide the services or to refer them to someone else. We then match them with a local member of our network, who submits an assessment to the Centre," Snell explained. "We review it, then forward it to the client."

The Centre pays the architect, and the client pays the Centre, an arrangement that enables the Centre to cover costs for clients who cannot afford the work. As an "intermediary between the designers/architects and social workers/gerontologists," the Centre, said Snell, can help to break down the language barriers that often exist.

Three types of services are provided by the Centre:

- information services, including a reference library, slide library, product library, reference services and audio-visual material;
- education services, including seminars, a college credit course and audio-visual presentations; and
- consultation services, including site visits and plan reviews (architects who join the network to provide these services agree to accept referral work from the Centre and a moderate hourly rate of reimbursement).

By providing appropriate information and advice to developers, designers and government agencies, the Centre contributes towards a goal of achieving an integrated approach to barrier-free design in entire communities.

In the past, housing and design services for both the elderly *and* the physically disabled were often lumped together. The assumption was that "these two groups have the same requirements." In fact, said Snell, the requirements of these two groups "may be importantly different." Only by becoming involved in providing services for first the physically disabled and then the elderly did the Centre realize that there were important distinctions. It is also important to recognize that the key player in any project is the individual client and decisions must be focused on him/her. General standards may not be enough to respond to individual needs.

The Centre also discovered there is a great difference in the type of service that is required between privately owned and rental residences. Most often, the demand for privately owned homes involves renovation work, while in the rental sector the demand is usually for new construction. But in both cases, community access problems can abound: "There is no sense in having an accessible home that is located in an inaccessible community," said Snell.

Older homeowners are often driven to the Centre for assistance after a crisis has occurred. This points out that many people have little awareness of safety issues.

Through experience, the Centre has learned it is possible to design rather than simply provide for functional requirements. "We typically design for everyday activities — for example, enabling people to open windows, to take a shower, or to play in the backyard with their grandchildren. Clients may be unique," said Snell, "but the tasks that have to be facilitated are quite ordinary." Older homeowners also do not want to undermine the value of their property in carrying out modifications.

Recognizing that information-gathering is vital to a good design, Snell said the Centre has developed a checklist of physical functions to enable clients to perform a simple self-assessment. By helping clients describe their ability to handle everyday functions, the list makes it easier for the architect to arrive at an appropriate design. Snell said the final design meets each client's individual needs by making day-to-day activities more convenient and accessible.

"It is possible," concluded Snell, "to provide cost-effective and investment-protective barrier-free design solutions that can reflect the older clients' choices and changing needs and lifestyles."

"We've learned that dignity, safety, and function are what good designs are all about."

Concurrent Panel 7b

SERVICES WITHIN A DEVELOPMENT — COMPLEMENTING COMMUNITY SERVICES

Moderator: David Howard
Chairman
Intercare Corporation

Panelists: Betty Havens
Provincial Gerontologist
Manitoba Department of Health
Winnipeg, Manitoba

John Press
President
Ontario Nursing Home Association and
Vice-President
Operations, Dynacare Health Group
Toronto, Ontario

Doug H. Rapelje
President
Ontario Gerontology Association and
Director
Senior Citizens Department
Regional Municipality of Niagara, Ontario

Panelists in this session agreed that existing community facilities can make a significant contribution to service delivery in seniors' buildings, but stressed the importance of advance planning in ensuring that the full range of residents' needs can be met.

Betty Havens focused on the site of a congregate facility as a factor in creating, maintaining, and supporting the facility within a community. She emphasized the need to adapt to changing needs and expectations and underscored the importance of establishing a two-way flow of information between the facility and the community.

In her opening remarks, Havens stressed that one of the major challenges in providing congregate housing "is to produce sufficient options in settings, services, and locations to satisfy individual preferences and to ensure maximum independence over time."

Making Housing "Home"

It is important, Havens said, to always bear in mind that the goal of any congregate living project should be to make housing "home."

By meeting three challenges (creating, maintaining, and supporting independent living options in congregate settings) and recognizing the importance of three pre-conditional developmental phases (the site and the community; developmental tenure, including aging-in-place provisions and on-site provision; and the service continuum, including services from and in the community and service augmentation), providers can ensure the livability of the facility.

Havens explained how these two concepts (challenges and pre-conditional developmental phases) lend themselves to a 21-cell matrix, which can be used as a basis for discussion and as a programmatic checklist by planners, program developers, service deliverers and seniors. She illustrated this approach by examining "the site" (development phase) in the context of the three challenges:

- *Creation:* The planning of any facility should reflect the need for green space, parking space, and appropriate use of levels, as well as the more basic need to locate the facility within an appropriate community or neighbourhood;
- *Maintenance:* The site must be accessible to community resources and public transportation. The site itself must be able to accommodate changes once the setting of congregate housing is in place; that is, it must be adaptable over time to reflect changes in individual needs and community capabilities;
- *Support:* Barrier-free access and the availability of specialized transportation services are important components in the support stage.

Havens stressed: "The site must be adaptable over time to changing conditions, changing necessities, changing provisions, changing complexities of the residents in that congregate setting, and the changes that occur in the setting itself and the neighbourhood."

A congregate care facility will also be more likely to achieve complete integration within the community if the following challenges are met:

- *Creation:* The building should fit in architecturally with the surrounding community (e.g., a high-rise building in the middle of a single-family subdivision is not appropriate), and the facility must be integral to retail and service locations;
- *Maintenance:* Two-way linkages with the community must be established (e.g., volunteer involvement and participation; making common space available to members of the wider community as well as residents);
- *Support:* Community members should be encouraged to visit the facility, while making it as easy as possible for residents to use the community's resources (this will help to support independent living).

Havens went on to discuss the developmental tenure issues that must be considered: the process of aging in place and the process of on-site services development.

For residents to age in place, the facility must be designed with maximum flexibility so that changes can be made as necessary. "Don't provide elements or components that cannot be changed over time," said Havens. "Make provisions, for example, for widening the doors in the future. Design all settings with the idea that changes might become necessary and desirable in the long term. Don't think about what residents are going to be like in five years; think about their needs in 20 years."

Designs that satisfy this 20-year span mean that the setting will very likely accommodate all the needs in between, said Havens.

Design changes could only mean reconfiguring living spaces and modifying common spaces "by introducing support services that support daily living, not care." For example, Havens listed shopping, meal preparation, and banking as the types of services that could be implemented with little difficulty. Creating excess space in common areas in the initial design is essential to have flexibility to accommodate future services.

Using the term "service continuum," Havens explained that the common spaces could be used for community activities that support or maintain the facility: Meals-on-Wheels, mobile shopping centres, volunteer drivers, and homecare services. "Services in the community could include approaches to invite the community in, just as you would hopefully invite residents out," said Havens.

Elaborating on the two-tier notions of support and maintenance, Havens explained that seniors' centres and other organizations, as well as ethno-cultural resources, could provide essential services during the maintenance stage. During the supporting stage, several services such as specialized transportation, ethno-cultural opportunities, and health care resources become important.

In terms of "service augmentation," Havens said it is possible to use common spaces in different ways: once a craft room, once a bingo room, once a library. "Common spaces could be converted to accommodate different priority uses through the life of the tenure." If a full support service program was deemed necessary, a tenant or community resource coordinator could be called upon to provide continuity in the provision of services.

Using the Province of Manitoba — which has established an inter-agency committee to develop policy directions on support services to seniors — as an example, Havens explained that projects in that province demonstrate local sensitivity, "as they are tailored to the specific individual community, and involvement by the seniors, who are on the boards, are consumers, and serve as volunteers." Programs have responded more to rural than urban concerns, said Havens, "as we haven't been able to get urban areas to think small enough — in terms of neighbourhoods as opposed to huge geographic suburbs."

"Appropriate services, effectively delivered, require inter-jurisdictional cooperation, in collaboration with senior consumers, to sustain viable independent living options in congregate settings over the long term," said Havens. "These strategies should enable housing to add up to 'home' for today and the future."

John Press noted that many of the community supports required to help seniors age in place are already available at existing care facilities. In principle, he suggested, it would make more sense and cost less to bring seniors to the programs rather than deliver the services to seniors in their homes.

Press also stressed that people offering service packages to seniors should explain the service in full: "It is important in our business that we do not give our residents any surprises."

Of the five basic types of accommodation available to seniors — private home, seniors' apartments, residential care or retirement facilities, nursing homes, and chronic care facilities — Press concentrated on the first three in his discussion. Private homes, he said, provide no formal care, although community services may be available; some support or partial care services may be provided in seniors' apartments; and a minimum amount of nursing care is given in residential care facilities.

Whether private or public operations, the priority, said Press, is to keep people in their homes. He outlined the following ways of accomplishing this end:

- Respond appropriately to seniors' needs;
- Fulfill seniors' desire to continue to live in community-based residential settings; and
- Provide varying degrees of assistance and support services.

To keep people in their homes, an effective care program is absolutely necessary. Various services in the neighbourhood should be made available. These include dentistry, optometry, recreation therapy, speech therapy, dietary advice, physiotherapy, foot care, wellness programs, personal hygiene programs, social activities, bathing assistance, and meal service.

Based on the above criteria, Press said Ontario's homecare program "is not effective and is cost-prohibitive. We cannot afford to take the services to the people. For this reason, it is more effective, wherever possible, to bring the people to where the services are provided."

Community support care services, proposed Press, should be offered as a seniors' day care program in long-term care facilities in every neighbourhood throughout Canada. "These services would be provided by designated facilities, including homes for the aged, retirement homes, and nursing homes. By providing these services in central locations, we can realize substantial savings." As an example, explained Press, a home nurse can visit five people in a day, but if those people were brought to the nurse within the neighbourhood, she could see 20 people during the day.

Citing another example, he said that the modern bathing facilities (with hydraulic lifts and whirlpools) now available in long-term care facilities are only being used about two-and-a-half hours each day.

Tapping Our Resources

"We have a lot of untapped resources, and we have to learn how to use them effectively," he continued. "People would benefit from visiting the existing facilities in their communities, where they could participate in social activities, receive companionship, or have a hot meal," said Press.

For those seniors who need the care that can only be provided in long-term care facilities, Press suggested that multi-level facilities would fit the bill nicely. A multi-level facility with the flexibility and choice of services would provide clients with the level of security they require. For many seniors, said Press, simply knowing the services are available when needed is security enough.

A multi-level facility is the ideal solution, he said, because it could offer flexible packages, maximize service operations, offer a variety of choices and options, address the social and health care needs of the residents/users, provide ongoing wellness programs, and maintain close ties with the community.

As 85% of the residents of a facility come from within a five-mile radius, it must be designed to meet the needs of the residents of the immediate community. This means, said Press, that the services offered at a particular facility should match the users' needs. "The service package should not be what we perceive the needs to be, but what the seniors need, want, and are prepared to pay for," he said.

Equally important is the location of the facility in the community. It should be situated near shopping, health and community services, and public transportation.

Press cited other important considerations in the design of a multi-level facility and appropriate service package:

- *Choices in Accommodation:* bed-sitting rooms, one-and two-bedroom apartments, private rooms, and shared accommodation;
- *Choices in Amenities:* including special-purpose facilities and service rooms;
- *Flexible Services:* ranging from partial-service packages, to optional-service packages, to full-service packages; they should also be available on an as-needed or pre-arranged basis; and
- *Various Programs:* including creative and rewarding programs, such as fitness and exercises, dancing, dining out, interaction with the rest of the community, dramas, painting, photography, and educational programs.

To implement these types of services and programs, service providers need to ensure several things: appropriate amounts of space in the design;

good transportation links; and awareness of the programs already being offered in the community.

To this end, a vital component to the success of any facility, emphasized Press, is how closely the facility's managers cooperate and interact with the community. "Older people have always had good ties in their communities, and opportunities to preserve and improve those ties should be provided," he said. Therefore, "programs should be designed around community interaction."

"Do not compete with your community; rather, complement what is available."

In conclusion, Press said the three keys to success in designing a multi-level facility are: know the target market; identify the service needs of that market; and ensure that what you are offering is affordable — "good value for the money spent."

To help things along, Press advised that government has a responsibility to "understand, review, and process innovative design and program proposals."

Community Needs Vary

There are optional ways of delivering housing services to older Canadians, remarked Doug Rapelje in his opening comments. Rapelje emphasized that "the approach, sponsorship, and priorities for providing services" will vary from community to community.

With the best of efforts, he said, gaps often appear between the services available and the priorities that seniors identify.

It is fine to talk about a continuum of care, to talk of coordination and integration, but "when all is said and done, we can only coordinate and integrate the services that are available" in that particular community. Moreover, Rapelje identified leadership, or the lack of it, as a primary reason for the success or failure of communities to service their respective populations.

Communities possessing the "right leadership," Rapelje said, have instituted "progressive models of care for the elderly in institutional settings, in retirement communities, and with community services."

Part of the problem in being progressive may lie in the fact that many services are offered in isolation from one another, Rapelje said. "So many of our services are initiated without going through a central planning process, ... which does not always result in effective planning that responds to the *real needs* or the *priorities* within the community."

Rapelje recommended three paths to follow:

- Set up a central clearinghouse;
- Emphasize cooperation among the service providers; and
- Forget about guarding "our own autonomy."

Rubick's Cube

From Rapelje's perspective, the most promising approach to meeting seniors' support needs is to combine long-range planning with a broad range of available services. Seniors' programs must continually be matched with clients' changing service needs through referrals, assessments, and placement systems.

Using a Rubick's Cube as a metaphor for the continuum of care (or long-term care), Rapelje said that this continuum encompasses a broad range of services, with institutional care a mere part of that range. Efforts to plan seniors' services must reflect the age group involved, the availability of personnel, and the needs of the community. With realistic, compatible policies in place, the role of the planner is to coordinate and integrate services, while linking individual needs with the resources available to meet them.

Rapelje defined a continuum of care as having the following characteristics:

- Recognizes the formal and informal support systems;
- Provides information, assessment, and placement services;
- Has one point of entry;
- Recognizes that needs change and is flexible enough to respond to changing needs;
- Offers a range and choice of services;
- Provides movement within the system as levels of need change;
- Is planned to suit individual communities;
- Recognizes the needs of the young-old, old-old, and very old;
- Is integrated and coordinated; and
- Includes preventive health, life enrichment, health promotion, and wellness programs; community and family support services; housing and long-term institutional care; and geriatric, chronic, and acute hospital care.

Acknowledging that this list "is a tall order" for any community to fill, Rapelje said the community must indeed be committed to providing a range of options that includes support services, independent living settings, institutional care, and chronic-level care. All must be coordinated as one continuum of care.

Next, Rapelje talked about how to link clients with the appropriate services, adding that this aspect "is probably the most important part of service delivery, yet is the weakest area." He listed the following items that need to be considered in matching clients to services:

- A source of reliable information;
- A referral system to ensure that clients and family have a sense that someone understands and cares about their specific problem;
- An assessment system to evaluate the health, social, and psychological needs of the individual before a decision is made;
- A placement system that considers the real needs of the individuals, whether this means services that allow them to remain in the community or services provided in an institutional setting; and
- Security, as well as a system that assures them that, as their needs change, they can move within the system "and be assured of a continuum of care."

In addition to all of this, said Rapelje, "we need to carefully look at how realistic our policies are." As an example, he cited one instance where an elderly woman, after having been in a home for the aged for four months, had improved so much that she wanted to return to her community. However, the existing policy stipulated that residents had to stay in the institutional setting for a minimum of one year.

"Service providers have to make sure the policies are compatible with people's needs ... and that they will allow us to cooperate in the best interests of our clients," said Rapelje. "This is the only way we are going to be able to effectively and efficiently use our services."

Introducing any new services or expanding an existing program in the public, private, or volunteer sectors of the community requires that a carefully developed planning process be put in place. Effective planning must consider both short- and long-term goals — and involves the setting of priorities by both governments and special interest groups, said Rapelje.

"Although the situation is not going to change as far as who delivers the services, how they are delivered, and how they are funded, we must look at what is the best way of coordinating the individual's needs with what resources are available in our individual communities." At the same time, he said, we must ensure that all agencies in the community that provide housing, community support, life enrichment programs, and institutional care "support a case management concept."

Rapelje went on to itemize the various roadblocks to developing coordination of services and providing a continuum of care. These are as follows:

- Limited mandate for delivering services;
- Problem defining a continuum-of-care model;
- Services delivered by public, private, and volunteer agencies;
- Guarded autonomy, which prevents coordination;
- Responsibility and funding for programs under different ministries;
- Lack of incentives or different incentives to develop services;
- Lack of innovative approaches and leadership;
- Lack of good research and planning;
- A system influenced by special-interest groups that affect development;
- Lack of clear policies, direction, and mandate to encourage continuum-of-care models;
- More doctors available for institutions than for community and preventive programs;
- Professionals influencing how the system develops and is used;
- Lack of a "gatekeeper" with regard to how individuals use the system;
- Government funding that does not always relate to the priority needs of individual communities;
- Lack of case management models to link the user with the appropriate combination of services;
- A health care system that promotes illness rather than wellness; and
- Limited community education and public awareness of services.

Concurrent Panel 7c

MANAGEMENT OF SENIORS' PROJECTS: SATISFIED CLIENTS, SATISFACTORY CASH FLOW

Moderator:
Robert Chagnon
Management Consultant
Gestion Degimi

Panelists:
Sylvia Goldblatt
President
Sylvia Goldblatt and Associates Inc.
Ottawa, Ontario

Charles Carter
Executive Director
Affiliated Senior Living
Houston, Texas

Shirley Schmid
Former Executive Director
Columbia Housing Advisory Association
Vancouver, British Columbia

Panelists in this session underscored the importance of meeting clients' basic needs to ensure the financial and social success of seniors' housing projects.

Looking at the subject of financial and social management from a consumer's viewpoint, Sylvia Goldblatt opened the session with these words: "Housing from the consumer's point of view will naturally be preoccupied with the social environment and what will be done to make this housing an attractive place to live." While there might be some tension between financial viability and services, she said "it should be totally possible to contain both within the framework of serving seniors."

Goldblatt stressed that it would be "devastating" to make a commitment to a seniors' housing project and see it go bankrupt, but "it would cause equally as much stress if the sponsors started cutting staff and the quality of services just to keep it from drowning."

Do Your Homework

As the consumer obviously has a vested interest in a project, it is important that the project be not only financially viable but also run by people — architect, physical planner, social planner, financial planner — who "have done their homework in the field of gerontology," said Goldblatt. These professionals may know little about the needs and capabilities of older people, she added, but they can learn how to develop seniors' projects.

"And learn they must. To produce a first-class facility, they must have a profound grasp of the impact of the physical structure on social behaviour,

[and] they must appreciate the importance to an older person of performing a task for him/herself rather than being helped by someone else."

Withdrawal and isolation is one of the most serious threats to the process of healthy aging. Goldblatt cautioned that those managing seniors' housing projects must offer a variety of options. This could mean providing kitchenettes in individual apartments, even though the building itself might contain a full-service, main dining room.

Goldblatt noted that in the past, elderly people were often accommodated in social housing projects, where the planning made little if any provision for their needs. People with low or moderate incomes were grateful for having an apartment with an affordable rent, "even when the environment left much to be desired."

In reviewing the history of seniors' housing in Canada, as well as the behavioural sciences programs offered at post-secondary institutions, Goldblatt observed that during the past ten years several Canadian universities have established gerontology centres to equip students enrolled in such courses as medicine, social work, and architecture to work with older people more effectively. Moreover, increased interest in the seniors' housing market by private entrepreneurs has created a demand for "a new breed of manager" who has professional training in nursing, social work, or recreology, or may have a degree in health administration or gerontology. These managers, said Goldblatt, "recognize the importance of keeping older people mentally and physically active in the interest of both occupants and management."

Although she warned that when the target population is over 75 years of age, there could be different requirements, Goldblatt welcomes these changes.

"Research has shown that older people move less frequently and that older adults are more likely to make a move when they're without a partner or faced with a health problem," Goldblatt noted. This means that the housing they choose "is then called upon to address the reality of decreasing mobility, and allow people to comfortably age in place."

Architects who understand what is needed in this type of physical environment know, first and foremost, that barriers to independence should be removed. Goldblatt listed design features that are attractive and practical: well-lit kitchens, ovens at eye level, stoves in the centre, pantry cupboards to hold groceries or dishes, drawers for pots and pans, grab bars around the taps and shower, electrical outlets three feet off the floor, easier-to-manage door handles, and wide bathroom doors.

Most of these design features, observed Goldblatt, are equally attractive to other age groups — and are even being marketed now to high-income condominium or private homeowners. The message has to be sent to the manufacturing and building industries and the architectural community that "the market is ready."

Referring to the American National Association of Home Builders (NAHB) report titled *Seniors' Housing: A Development and Management Handbook,* Goldblatt said that "developer involvement is absolutely critical to success in the senior market." The NAHB suggests, said Goldblatt, that being involved in this market "provides new insights into the human condition and that one must be prepared to care." If you don't want to be involved, the report advises, "perhaps the seniors' market is not the place for you."

To conclude, Goldblatt stressed the point that enlightened seniors are looking for several things in accommodation:

- Security;
- Protection in the event of illness;
- Transportation accessibility; and
- A caring environment.

Developers are more likely to produce a quality product, she added, if consultants experienced in the needs of seniors and the future managers of the project are brought in at the conceptual stage.

An Investment in Our Own Future

Charles Carter, reminding participants that "everything we're doing is an investment in our own future," held up a three-legged stool to demonstrate the key elements of accountability in seniors' housing. He said managers' continuing responsibilities include:

- Providing residents with a "safe, clean, and enriching environment;"
- Providing staff with proper direction, supervision, and support in an environment where accomplishments are recognized; and
- Protecting owners' and sponsors' investment and integrity.

Carter said a manager's accountability to clients can best be assured by a philosophy of "service and management." This mission statement, if you will, must address the reason for the organization, whom you are going to serve, what your intentions are, and how you are going to provide the services. The best way of addressing the accountability issue is to engage in a philosophy that Carter calls "Management by Walking Around." He said, "I don't think you can adequately run a facility by sitting behind a desk — you have to go out and talk to the residents, talk to the staff, and find out what's going on." If staff and management are accessible, minor complaints can be addressed before they snowball: "You would be amazed how many problems you can short-circuit if the people you're providing services to have the opportunity to express their concerns." It's also important to remember that residents expect managers to take over specific services — not their entire lives.

Carter went on to tell the audience that managers of seniors' projects also have to be visionaries; that is, they must be able to anticipate the needs of the people. In this way, managers can almost "help to redefine aging."

Good managers also have to be able to lead their staff. Such leadership entails not only setting priorities, but also letting your staff know what the priorities are. Providing staff with training and opportunities to achieve additional goals is also paramount, said Carter, and it is particularly important to give them recognition for the job they are doing.

"You have to manage that property as if you own it. You have to protect [the owners'] integrity, and you have to protect their interests," added Carter.

The key difference between accountability and responsibility, Carter concluded, is that "you can delegate responsibility but you can never delegate accountability. You will always be accountable for the services and environment that you are providing."

Management of seniors' housing projects is an art. "Like any art," he said, managing a seniors' facility "takes strength, finesse, character, and a desire" to work with the client group. "If you really don't like seniors you need to move on, because you're doing yourself an injustice, and you're doing an injustice to the people you're working with."

Carter ended with the motto: "Aging is a privilege, not a penalty, and all of us should be prepared to participate in that privilege."

In her opening remarks, Shirley Schmid said she believed the conference was about two things: wants and needs. Solving the problem of need will require, she said, "a massive influx of public money."

Schmid said that present trends suggest the affluent senior "is going to have all the options in the world.... But then, if you have money, you've always had all the options." She described co-ops as a viable alternative for many seniors with moderate incomes.

Following retirement and a 50 to 60% drop in income, she declared, "I know what I don't want. I don't want to live with my kids. I don't want to pour money and energy and most of my time into that old house. I don't want to be a burden on my kids by needing them.... I don't want to have to need them to come and pick me up and 'take me out,' so that I'm not dying of loneliness and frustration. I also, by the way, don't want to be a built-in, always-available babysitter."

Security, Independence, and Control

Security, independence, and control of lifestyle are paramount for most seniors. But "I don't have too many options," Schmid said. "I'm far too well off to qualify for subsidized nonprofit housing, and anyway ... that's not what I worked for. It's what people who haven't got resources are getting, and I don't like that either, but at this point I'm talking about the 70% of us out there who are approaching, or are already in, this position and don't have options."

She said the ideal housing option for many seniors with limited resources would allow residents to:

- Meet their neighbours before moving in;
- Monitor the quality of construction;
- Influence design, features, and amenities;
- Obtain reductions in real estate commissions;
- Obtain a non-interest-bearing downpayment mortgage on their previous homes to cover upfront costs;
- Enjoy absolute security of tenure;
- Exercise absolute control over operating costs;
- Meet regularly with peers to discuss important business "that challenges your knowledge, your training, and your experience;"
- Control the rules by which the community lives; and
- Obtain cost reductions of 20 to 25% over comparable market housing.

"Is anybody out there interested?" Schmid asked. "Does it sound good at all? Is this something you might do for your security? I've just described a senior citizens' equity co-op."

Unlike traditional co-ops, this type of co-op was built without any government assistance. The applicant was offered a choice of making either a minimal downpayment or buying the unit outright. "Thereafter," she said, "the occupant shares the operating cost on a unit size basis and whatever share of the co-op's blanket mortgage he/she had chosen to share by making a lesser share purchase." Individuals leaving the co-op are reimbursed their initial share purchase price. If this is less than the full purchase price they would also be entitled to the amount of equity they had accumulated through the buy-down of their share of the principal for the outstanding mortgage.

Although the price of the unit is fixed for all time, Schmid said this scheme is still attractive to seniors because they are interested "not so much in more dollars but in security."

In terms of management, Schmid made the point that financially sound projects are going to be managed well. For co-ops specifically, it is really the people living there who undertake the management duties. The residents have to assume responsibility for the healthy operation of the complex because it is theirs. At times, compromises have to be made "because there is a difference between the wants of an individual and the good of the whole."

In closing, Schmid said that the government should make federal land available for this type of development, as an equity co-op is built on leased land.

Questions and Answers

One delegate expressed concern about the differences that seem to be evolving in the standards of management between nonprofit and for-profit or commercial housing. "Is it time for CMHC to take a very active role in instituting some standards for management to assure that nonprofit groups are sufficiently knowledgeable about good management practices?" Goldblatt replied, "Somewhere out there some leverage must be mounted by the residents of public or nonprofit housing. They need to begin to identify what it is they need by way of support to improve management and thus do a better job than is being done now."

Carter was asked to comment on the resemblance between his advice on dealing with staff and the principles of good parenting. His response was "You shouldn't treat your staff like children but in the same fashion you would expect to be treated yourself. It is my belief that one should criticize activities and compliment people."

Schmid was asked to elaborate on the trade-offs a senior should be prepared to make when trading down from a home to an apartment. In Schmid's view, "Good, basic, quality construction (good outside finishes, good paint jobs, good insulation, good foundation) — this is what seniors want. They also don't want to trade down to a 400 to 450 square-foot box."

Concurrent Panel 8a

DESIGNING FOR A CONTINUUM OF CARE — RESIDENTIAL vs. INSTITUTIONAL

Moderator: Tom Cochren
President, Tommar Construction, and
Vice-President,
Canadian Home Builders' Association

Panelists: Dr. John Zeisel
President, Building Diagnostics Inc.
Boston, Massachusetts

Sam Ruth
President, Sam Ruth & Associates Ltd., and
Vice-Chairman, Metropolitan Toronto Housing Co.
Toronto, Ontario

Roger Schutte
President, Roger L. Schutte & Associates
Omaha, Nebraska

Panelists in this workshop agreed that a comprehensive community services support system in combination with technologically advanced building design is essential for the provision of a continuum of care for seniors in a residential setting.

Dr. John Zeisel told the audience that, in terms of meeting the needs of users and still ensuring marketing, financial and social success, design is more critical in seniors' housing than in many other types of housing projects. In addition to creating value for users, developers, investors and the community at large, Zeisel said that up-front attention to design helps reduce risks throughout the life of a project.

Establishing the initial conceptual design criteria becomes a very small part of a large and complex process. Zeisel's firm believes that design review is essential in order to ensure risk reduction and value creation in a project. He suggested that housing providers assign a "keeper" of design, program and user information, to be sure that the initial design criteria are remembered throughout the design process.

When discussing the design of seniors' housing, said Zeisel, physical design is not the only aspect to be considered. The design of three support networks — physical shelter support, service support, and social support — must also be included.

According to Zeisel, as seniors begin to move away from their own homes into various stages of supportive living, what they are really doing is increasingly transferring the responsibility of service provision from themselves to others. "It is therefore," he said, "not so much a matter of increasing dependence, as acknowledging that increasing levels of support are required to maintain independence."

And while it is incumbent upon housing providers to ensure that the physical design of a project successfully facilitates the incorporation of these services, Zeisel cautioned against providing more support than is actually needed. "Superfluous services," he said, "effectively take away independence rather than support it."

In planning for service provision, Zeisel suggested that morale is a service that should receive as much conscious consideration in the design process as dining. Among the list of services to consider in the initial design and planning stages, Zeisel mentioned housekeeping, security, salon/barbershop, and transportation.

In terms of social support, Zeisel underlined the value of offering social activities, as well as the need to help seniors deal with the death of friends, and with the trauma of new faces replacing familiar ones.

Rules of Thumb

From a list that he says numbers about 30, Zeisel noted some of the most important "rules of thumb" for the incorporation of support networks in the design of seniors' housing projects ranging from small congregate projects to continuing care retirement communities.

Project scale is a critical consideration. According to Zeisel, the most successful seniors' projects feel small, even if they are large. A seniors' apartment building, for example, should have no more than 150 units, and an attempt should be made to break up the architectural scale. Projects should also have a "residential" feel to them: this can be achieved, he said, by incorporating such design elements as sloped roofs and balconies, and by ensuring that new additions to old buildings reflect the original style and design, and that new projects blend in well with existing residential neighbourhoods.

The "critical mass of activity" must also be considered, said Zeisel. Common spaces and activity rooms should be located close to one another so that seniors can easily interrelate and so that there is enough activity to make separate but adjoining rooms feel like a continuous community space. Windows over-looking these areas give seniors the opportunity to view the activities that are underway, and the option of joining in, watching, or simply passing by.

This, said Zeisel, creates more of an interdependence between the activity inside and out. A preview landing located part way down a staircase provides the senior with the same opportunity.

In residential neighbourhoods, units should be grouped in clusters of 14 or less, and the project should have a clear point of entry, identifiable territory, and limited through traffic. This scale, Zeisel said, makes it possible to maximize privacy by avoiding long corridors and "intrusive surveillance." Also with a limited number of units, seniors feel that they know the other occupants and in stepping out of their front doors they are unlikely to find themselves in the uncomfortable situation of encountering a stranger. If used correctly, said Zeisel, the "unit edge" -- the area between the unit and a corridor or common space, such as a door, entryway or porch -- can provide the senior with a sense of security and convenience as well as a territorial sense of arrival. Windows, half doors, or curtains offer privacy without a loss of contact with what is going on outside the unit. Hooks on the outside of doors and shelves beside entrances allow seniors to display dried-flower arrangements or wreaths and make a personal statement.

According to Zeisel, research among seniors has shown that eat-in kitchens are the one feature that give a unit the feeling of home. Even space for a tiny table allows seniors to have a meal away from the rest of the living space.

Because most people moving from their own homes into retirement housing are losing space, Zeisel emphasized the importance of making small spaces feel large. Having a wall long enough to hold a couch and windows that are 18 inches from corners (to leave room for furnishings) will increase a senior's feeling of space. Living rooms should be large enough to permit socializing and entertaining, and some storage space within the dwelling is essential.

Surprisingly, said Zeisel, research has shown that the one piece of furniture most seniors are completely unwilling to part with is their hutch or china cabinet. He advised housing providers that leaving room for this piece of furniture in the dining area is a must.

Redefining Care

Sam Ruth told the audience that as a result of the rapid increase in the 75-and-over population, combined with government cutbacks in institutional care funding, those concerned with the provision of housing for the elderly must redefine the concept of "continuum of care," placing greater emphasis on residential living as opposed to institutional care.

In order for this redefinition to occur, said Ruth, several things must happen. "Funding for community services must be greatly increased and this must be complemented by the development of a comprehensive community support system." Also critical, Ruth said, is the construction of technologically advanced, 'smart' residences which will enable seniors to age in place.

"In the past, said Ruth, "continuance of care has translated into the movement of the elderly through a series of housing and health care facilities as their perceived ability to care for themselves decreases." In this day and age, however, this concept is neither socially desirable nor economically feasible.

While it is unreasonable to assume that as a person ages normal residences can be gradually transformed into extended care facilities, Ruth believes that retirement homes must be designed to evolve from independent-type dwellings to supportive living accommodations. For this type of design evolution to be successful, however, adequate community services would have to be in place to support those seniors who choose to remain in their homes but can no longer function in a completely independent environment.

As a last resort, said Ruth, the frail and acutely ill elderly will still require appropriate institutional care; but the real challenge lies in warding off premature or unnecessary admissions to these extended and chronic care institutions. Faced with the fact that we will soon have more elderly requiring beds than we have beds available and the realization that we cannot afford to keep building health care institutions, said Ruth, the question is, how will we be able to care for this rapidly increasing segment of the population? The answer, in part, he said, is to shift the emphasis from health care to home service.

Sense of Security

According to Ruth, who is also a consultant to Toronto's Baycrest Centre, in order to understand what types of housing must be developed to effectively decrease the current rate of institutionalization, we must first determine why elderly people seek institutional care.

Ruth believes it is primarily for reasons of security — both in terms of physical safety and personal support. If non-institutional options incorporated such features as repair and maintenance of the home, housekeeping, laundry and food services, recreational activities, diagnostic and therapeutic services, and short-term transportation, Ruth feels that in many cases, institutionalization could be postponed or avoided.

Through the process of aging, said Ruth, seniors are forced to relinquish some of their former abilities. But the stress this places on the elderly, he said, can often be alleviated by making simple design modifications to the home. This gives the elderly individual the feeling that he or she can manage at home, and therefore reduces dependency on institutionalization.

Tailor-made chairs for shorter people, special doorknobs for arthritis sufferers, elevated bathtubs with grab bars, automatic shutoffs on stoves and ovens, levers and knobs on stove fronts, and flashing light signals attached to telephones, doorbells and alarm systems for the hearing impaired, are all simple and inexpensive adjustments that can be made to a home to increase the occupant's sense of security and well-being.

In conclusion Ruth warned the audience that even with the incorporation of the most user-friendly technology in residential housing for seniors, housing options will still be limited unless "smart" design is accompanied by the development of a comprehensive range of community support services.

Housing Options Growing

Roger Schutte told the audience that over the past 30 years as more options have become available to a growing market, the concept of retirement housing has moved beyond the "old-age home" and all its negative connotations.

An increasing number of private developers, each with a different approach, said Schutte, are entering the field while nonprofit groups are becoming more imaginative in devising new methods of financing and administration.

In cooperation with privately financed nonprofit church or community-related groups, Schutte's firm has designed a number of retirement facilities ranging in size from 200 to more than 400 units, and situated on 15- to 150-acre sites. In many of these projects, said Schutte, the firm has created entire communities.

Maintaining a residential feel in such large projects is particularly difficult, Schutte told the audience. But by avoiding fronts or facades that are longer than necessary, the mass of a project can be minimized. Also, wherever possible, the length of corridors is limited and the community concept incorporated. Points of interest are interspersed throughout the project so that the walk from a unit to a common area is not boring or unpleasant.

In addition, services for seniors are clustered in one building, thus eliminating the necessity of a trip outside.

Schutte emphasized that each retirement centre has its own set of unique problems, but that in general, one of the most serious obstacles to overcome in the development of a project is gaining the cooperation of, and building consensus among, the various agencies with jurisdiction over the project. As well, said Schutte, existing communities are often resistant to the idea of new projects and much education is required to render neighbourhoods receptive.

"In the United States," said Schutte, "there is a new trend toward second-generation retirement centres." By building a retirement centre within a retirement community, as his firm did in Sun City, Arizona, for example, a higher level of service is obtained, not by moving away from a retirement complex, but rather by moving within it.

"User diversity is a key consideration in the success of such a retirement complex," said Schutte, "and we attempt to provide for every aspect of a resident's life, the idea being that once a senior moves into one of our projects, he or she never has to move out of it."

Schutte said that his firm takes a strictly non-institutional approach in the design of its housing projects and told the audience that if the word "institutional" were mentioned to prospective residents, they would lose interest immediately. "These people do not want to be institutionalized," said Schutte. "In fact, one of the reasons seniors move into our projects is to avoid institutionalization."

And according to Schutte, statistics indicate that individuals who live in a life care retirement centre as opposed to an institution not only live longer, but spend less time in the institutional portion of the centre.

In terms of physical design, said Schutte, several basic elements are included in all of the firm's projects. Dwelling units, for example, are only as private as the residents want them to be. "The goal is to insulate seniors where they want to be insulated," said Schutte, "but not to isolate them."

A project's common areas include such features as the administration offices, assembly and meeting rooms, lounges, libraries, games rooms, activities and hobby rooms, fitness centres, exercise rooms, enclosed swimming pools, woodworking shops, and multi-level health care centres.

Design appropriateness is crucial to the acceptance of a retirement complex, said Schutte. "If you don't talk to the people who are going to occupy a project and find out what they want, you'll miss the boat somewhere along the line and lay an egg. You really have to know the users, their habits, and their design preferences in order to ensure the success of a project."

Security and safety are also important design considerations, said Schutte, and especially important in the minds of the residents are the sprinkler systems. "We sprinkler everything in the building," he said, "whether the code requires it or not."

While all these design elements ensure a high degree of comfort, support and security for residents, what Schutte's retirement centres strive to achieve and maintain above all is the quality of life and dignity of the elderly.

Concurrent Panel 8b

SERVICES IN A RURAL CONTEXT — SPECIAL CONSIDERATIONS

Moderator:
Larry Little
President
Saskatchewan Housing Corporation

Panelists:
Dr. Anne Martin Matthews
Director
Gerontology Research Centre
University of Guelph
Guelph, Ontario

Dr. Gerald Hodge
Adjunct Professor
Gerontology Research Centre
Simon Fraser University
Burnaby, British Columbia

Tom Beaulieu
District Manager
Northwest Territories Housing Corporation
Hay River, Northwest Territories

Because of the geographic breakdown in Canada's population, seniors are often concentrated in rural communities that lack the range and accessibility of services they require to age in place. Panelists in this session reviewed the distribution of senior citizens by region and community size, and discussed the need for appropriate solutions to meet seniors' needs in a rural setting.

Dr. Anne Martin Matthews noted that the current census definition of rural — using population size (less than 1,000 people) alone as the criterion — "fails to consider the character of broader life." For example, said Martin Matthews, although life in a town of 2,000 people is more like life in a village of 500 than in a city of 25,000 people, the town is considered to be urban.

Canadian research projects now reflect a much broader definition, to the point where rural is defined as populations of up to 5,000, even 10,000, people.

Noting that the movement of people from rural to urban areas over the past 30 years "has constituted the most significant population shift of Canada's first century," Martin Matthews said that 100 years ago 80% of our population lived in rural areas, whereas by the middle 80s this proportion had fallen to less than 25%. Now less than 5% live on farms. Estimates show, however, that the rural distribution will remain stable in the near future.

Rural areas have also changed. In fact, said Martin Matthews, the rural population is growing. However, as almost half the increase is found in the "exurbia" fringe surrounding metropolitan census areas, these renewed numbers do not imply a return to the rural way of life.

Several distinctive features characterize rural life (including small-town life) throughout Canada: larger families, lower labour force participation rates, higher birth rates, higher outmigration, less reliance on service-sector employment, lower income levels, lower educational levels, and less access to communication media. Other features are low population densities and long distances between communities, but another equally distinctive feature, said Martin Matthews, is "the demographic maturity of rural populations."

Large Proportion of Seniors

A primary factor distinguishing rural from urban environments is the high concentration of seniors. While aggregate figures tend to mask the true situation, the proportion of the total population aged 65 and over approaches 25% in some small prairie towns. Residents aged 80 and over represent close to 6% of the population in many rural communities, compared to a 1.9% average for Canada as a whole. Overall, said Martin Matthews, 22% of Canada's elderly live in rural areas.

While concentrations differ from province to province, variations also exist within the rural areas. Generally, rural farm areas have low proportions of older people: one in 20 over the age of 65 years and one in 100 over 80 years live in these areas. Yet proportions are high in southern Ontario and parts of British Columbia and Manitoba. In addition, it was found that elderly widowed are over-represented in rural areas: widows represented 18% of the female population in rural areas compared to 12% in urban centres.

In fact, citing Dr. Hodge's findings, Martin Matthews said "small settlements may increasingly become centres of elderly women."

Another common characteristic of rural communities is the high concentration of the very old. According to census data, smaller towns have a larger-than-average proportion of people 80 years old and older. Indeed, said Martin Matthews, while 1.9% of Canadians are 80 years old or older, the average of this age group in many of the smaller towns is 3.1%.

It is important to realize that the demographic profiles of the rural elderly differ substantially throughout Canada, said Martin Matthews, pointing out that this "may well influence the variety of housing options that are required in each context." To illustrate her point, Martin Matthews said that the types of housing needs and appropriate mixes of health, social, and transportation services will be different for communities that have modest concentrations of the 'younger old' than for communities that have extremely high concentrations of the 'very old.'

Although the overall demographics and regional variations have important implications for the delivery of seniors' housing, an understanding of the disparities in rural incomes from region to region — the so-called indicators of economic disparity — will be "vitally important when considering whether a particular mix of housing options in one area will work effectively in another."

The Urban and Rural Elderly: A Comparison

Much existing research focuses on the rural elderly, but Martin Matthews believes the lack of a comparative study between the rural and urban elderly populations "severely limits our ability to generalize our research findings and restricts the utility of existing research in shaping the process of policy development." Existing studies may document rural characteristics but do not contribute to an understanding of the geographic and environmental impact on the experience of growing older, said Martin Matthews.

Martin Matthews' own research in this area shows there is little evidence to support current beliefs "that rural and urban areas are distinct in important ecological and sociocultural ways." Specifically, little difference was documented between the elderly of each sector on such dimensions as perceived quality of life, perceived social support, and social network characteristics.

In research comparing urban and rural widowed, Martin Matthews found that rural widowed receive more of certain kinds of social contacts, including more direct face-to-face contact with their siblings and more telephone contact with their children. However, these were the only significant differences, leading to a conclusion that "the rural elderly do not exhibit any unique strengths in terms of social support, nor, on the other hand, are they any more particularly disadvantaged than the urban elderly."

However, Martin Matthews did discover significant differences in the accessibility of services. These were not a result of characteristics of the elderly but as a result of structural features of the rural environment.

Martin Matthews also found, interestingly, that rural Canada responds "relatively well to the needs of its elders at the two extremes of the continuum:" to the well-elderly and to the elderly needing acute hospital services or long-term institutional care. People in the middle range encountered numerous disadvantages, however.

Other findings from Martin Matthews's research include:

- Community-based health care services for those seeking assistance with daily living were quite limited in most rural areas;
- Some elders experience social isolation;
- Physical isolation is perpetuated by the lack of public transportation and the limited availability of private transportation services; and
- Support services are frequently inaccessible.

The challenge is to enhance the accessibility and availability of programs to those in need, said Martin Matthews, as well as placing greater emphasis on the concerns of the rural elderly in developing policies and programs. Pointing out that many small towns have proportions of seniors that the rest of the country will not achieve until the year 2031, Martin Matthews stressed that a "knowledge of the impact of relatively high proportions of elders on required community resources and on community social structures and dynamics is vitally important to the process of developing housing policies and planning appropriate programs for the elderly."

Dr. Gerald Hodge described a project he had conducted along with Dr. Gloria Gutman to investigate "how to assist small communities (there are about 9000 in Canada) to determine what their needs are." Like seniors everywhere else, rural elders would prefer to retire in their own community, and those who move tend to remain in their own region or province. With 800,000 seniors — one-third of Canada's elderly population — living in communities of 10,000 or less, Hodge said the sheer numbers could "place burdens on both senior citizens and those attempting to provide facilities and programs for their needs."

In any attempt to respond to the housing needs of this group, policy planners and housing professionals must first examine the size, density, diversity, and location of each rural community. As Hodge explained:

- The small size of rural communities affects the supply and demand of housing and other support services the elderly may need and economies of scale are constrained;

- The low density of the population, which is widely dispersed in rural regions, coupled with the small size, means that rural populations have to be involved with several communities in order to obtain goods and services (their needs for housing and support services may therefore take seniors out of their immediate community);
- The need to travel to several communities to obtain key services is part of the price of rural residence, and, since one quarter of the rural seniors do not drive, others must provide transportation; and
- Rural communities all differ in their cultural orientations, local government, mix of voluntary organizations, array of facilities and services, and skills and resources available to seniors.

Hodge and Gutman also found that government dependence proved to be another dimension affecting the provision of shelter and services. As most rural communities do not have sufficient resources, they inevitably turn to higher levels of government for financial or administrative assistance. Often, said Hodge, the result is insensitive programs or efforts.

Accepting the diversity of rural life, Hodge and Gutman nevertheless undertook to develop a set of survey and planning tools that would help reveal the needs of the rural elderly in specific communities. One tool included a survey to be used by communities to ascertain the problems seniors themselves face and their preferences for housing and services.

The researchers also developed a care giver survey and a community survey. Using these tools, a community is able to develop three profiles of current conditions: a senior citizens' profile of demographic characteristics, health status, income, mobility, and housing condition; a support services profile of the capacity, degree of use, waiting list, and operating problems for housing, health care, home support, and associated services for seniors; and a population, housing, and transportation profile of trends in the elderly population and in available housing and transportation.

From these profiles, the community can move to identifying their seniors' needs for housing, services and transportation through four community needs identifiers (current housing needs; future housing needs; support service needs; and transportation needs). The seniors survey allows communities to identify options that their seniors prefer.

Hodge and Gutman tested their tools in 12 small communities in rural Canada, ranging in size from 250 to almost 9,000 residents: six in British Columbia, three in Ontario and three in Nova Scotia. Among the 58 respondents in one sample town, Erin, Ontario, outside Toronto, they determined the following:

- Eighteen of the 58 respondents spent 30% or more of their income on housing, and five were having trouble meeting their housing costs;
- Nine of these 18 were elderly women living alone;
- Seventeen of those interviewed identified design problems that reduced the accessibility or convenience of their housing;
- About 20% of the respondents were planning to move at some time;
- Thirty-one owned their own vehicles, while nine had trouble gaining access to transportation; and
- Five of the 13 who needed help with heavy cleaning tasks, five of the 12 who required snow shovelling, four of the 10 who needed occasional rides, and three of the eight who were looking for home repairs could not locate the support they sought.

The combination of low incomes and limited services suggests that "we should expect to supply relatively more assisted housing and to subsidize more support services" for seniors in rural areas, Hodge reasoned. Furthermore, he said, housing for seniors must be planned with seniors' needs in mind and in conjunction with transportation and support services.

Hodge concluded by suggesting that rural elders can use the tools he had described to identify their needs in a more vigorous way and then "put their case to local, regional, and provincial governments" to provide services, to point out gaps in service delivery, and to monitor program and facility design to make sure their needs are met.

Tom Beaulieu ended the session with a description of the housing options available to those living in remote communities north of the 60th parallel. He noted that the Inuit and Dene traditionally lived in bands of related extended families, using short-term shelter — log cabins, cold houses, canvas tents, and snow houses — that allows for a high degree of mobility.

Nowadays, people are moving to more permanent communities, and an effort is being made to deliver seniors' housing that reflects both local and regional traditions.

Matchboxes

It wasn't always that way. Beaulieu showed slides of units built when the federal government first began delivering housing in the Northwest Territories in the 1950s, commenting that "a few of these units, better known as matchboxes, still exist to be used as offices or warehouses."

CMHC and the N.W.T. government first became involved in seniors' housing in the early 1970s, with the construction of a small apartment building designed to promote independent living. The lesson learned from this initial experiment was that people's opinions on housing had to be considered. To this end, said Beaulieu, planning groups that included elders were set up in communities.

The first project resulting from this collaborative effort, built in 1980 on Great Slave Lake near the mouth of the Mackenzie River, has a main building that contains the facilities for seniors who require more care and two rows of housing units, complete with smokehouses and outside fireplace. "This allows the seniors the security of supervision and independence to maintain the traditional way of life."

The second project, constructed in Fort Ray, also has a main building, centrally located, with surrounding individual units. These have exterior entrances with smokehouses, outside fireplaces and frying racks for meat and fish. This type of facility is responsive to the needs of the people in Fort Ray, which is the largest Dene community in the territory and where fishing, hunting, and trapping are still the main industries.

The third project, being built in Fort Simpson, is similar to the Fort Ray project in many ways and has the same architect. For the Fort Simpson design, said Beaulieu, a steering committee that included elders from the community travelled to Fort Ray to view its project.

A multi-care facility, the fourth project shown by Beaulieu in his slide presentation, is being constructed in Hay River. These multi-care units make it possible for the elders to live in the conventional type of senior citizens' home until they require more care, at which time they will move to the new facility.

The elderly of the Northwest Territories are encouraged to remain in their own homes for as long as possible, said Beaulieu, who added that institutional projects and senior citizens' homes are considered a last resort. The programs offered by the senior levels of government tend to reflect this philosophy; they include a Homeownership Assistance Program, Senior Citizens' Home Repair Program, Emergency

Repair Program, Residential Rehabilitation Assistance Program, and Home Improvement Program.

A key challenge in the years ahead, said Beaulieu, will be to relieve overcrowding across the Northwest Territories, which has the highest population growth rate in all of Canada.

Questions and Answers

Beaulieu was asked whether the residents of the N.W.T. or the federal government make the decisions on housing. He explained that although the federal government funds the majority of housing programs, the decisions are made by the people working for the Northwest Territories Housing Corporation, which is a territorial government department.

Another questioner wondered whether the native elders disliked institutional living, and if so, what family and community support was available. Beaulieu answered that they do not like living close together, which is why the government has established committees to try to make the environment as comfortable for them as possible. "We never force anyone to move to an institution," he added.

One delegate commented that market research is not wholly reliable as an indicator of people's needs because they just reply with what they think is expected of them. Hodge answered that "When we inserted questions on very special types of housing options in our surveys, surprisingly, quite a few knew about these options. They were quite well informed. Also, what we are trying to do with these tools is to provide communities with a fairly firm base on which to start a planning process." They begin with facts and there is no reason why they cannot move on to examining new and varied options.

Beaulieu was asked if the government had thought of providing financing for housing that would include a mix of generations, with an option for privacy for the seniors if they wish. He answered that, although there are many extended families, the government had not entertained the idea of includ-

Concurrent Panel 8c

ADAPTING TO FRAILTY — MANAGING THE NEEDS OF A CHANGING CLIENTELE

Moderator: Dr. Satya Brink
Canada Mortgage and Housing Corporation

Panelists: Dr. Gloria Gutman
President, Canadian Association on
Gerontology and
Director, Gerontology Research Centre
Simon Fraser University
Burnaby, British Columbia

Don Richmond
General Manager, Metropolitan Toronto
Housing Corporation Ltd.
Willowdale, Ontario

James C. Torbert
Associate, William Nycum and Associates Ltd.
Halifax, Nova Scotia

It is widely recognized that seniors' housing needs change as they become older and frailer. At the concurrent session on adapting to frailty, panelists agreed that the fit between seniors and their housing must be assessed on an ongoing basis and in a manner that involves clients in the decision-making process.

The notion that housing can be adapted in response to the changing health needs of a population that would "age in place" is relatively new. Placing the issue in its historical context, Dr. Gloria Gutman said, "The bulk of private, public, and non-profit housing for seniors built over the last 30 years was designed to meet primarily shelter needs ... [and] for a static population that would be fully independent and whose major problem was income."

The underlying assumption was that these residents would move into a care facility when they became seriously ill. But consideration was never given to the health and functional problems that are prevalent among the elderly, said Gutman. Only in recent years has the term "aging in place" entered into our vocabulary, and this is largely a result, commented Gutman, of observations that older people tend to remain in retirement or other types of housing for an extended period of time.

"Aging in place" carries a number of connotations — beyond the obvious that older people tend to stay put in their own homes and that people become more frail as they age. This increasing frailty may be a result of declining health or increased disability, as well as reduced income, changes in marital status, or loss of informal support mechanisms.

Gutman pointed out that both a physical deterioration of the home itself or the decline of the neighbourhood can force a resident to move. The building or the neighbourhood may no longer suit the needs of the elderly person. What occurs then, said

Gutman, is what is called a "lack of fit" between the individual and his or her environment.

"Aging in place" also encompasses a social element, where emphasis is on supporting people with the aim of keeping them in their current homes as long as possible.

Retirement Housing

In discussing these aspects in the context of retirement housing, Gutman presented two examples of housing complexes where the applicants were interviewed on three separate occasions: in 1973, 1975, and 1982. One complex was a multi-level facility that offered self-contained suites on seven floors, room and board on six floors, and light and heavy personal care on another four floors, as well as a wide variety of facilities and services. The other complex contained only self-contained suites and little in the way of non-shelter facilities.

Gutman and members of her research team interviewed applicants to both these complexes, as well as elderly people who had not applied for any type of seniors' housing (home controls group for comparisons). From these interviews several findings emerged: the average age of the residents in 1982 was 78 years; the majority were widowed females; and one third were receiving income supplements.

Between 1973 and 1982, there were changes in the proportion of married persons residing in the multi-level facility, and changes in the tenants' health and functional status and activity levels. Half the tenants interviewed in 1973 rated their health as excellent; nine years later, only one quarter could say this.

Only 12.5% of the tenants in the second building rated their health as excellent, although this level remained the same between the first and third testing period. However, the proportion who rated their health as good fell from 50% to 25% during the period of the study.

Overall, 33% of the tenants in one building and 25% in the other building rated their health lower at the end of the study period. In 1982, said Gutman, about half the respondents from both complexes reported that during the previous 12 months, poor health had kept them from participating in their usual activities and caused them to see a doctor.

Gutman also compared these findings with the results of a study of tenants over 75 years of age living in retirement housing in a semi-rural area of British Columbia. The combined results from all three testing samples were illuminating: about 60% of the tenants suffered from either arthritis or rheumatism; 50% in one building and 25% in the other two buildings suffered from high blood pressure.

These studies, as well as another study conducted in the United States in 1980 by Lawton, Greenborn, and Libowoods, demonstrate to Gutman that health and functional problems are fairly prevalent in the 75-and-over age group. Indeed, said Gutman, the U.S. study, which examined the functional health status of tenants living in two Philadelphia facilities over a 20-year period, showed significant declines in the health of these residents as they aged in place. Furthermore, the age and health characteristics of the replacement tenants changed over the span of two decades. The U.S. researchers found that over the years the newer tenants were progressively older and more frail.

What does this mean for the care giver? Obviously, said Gutman, "If marginal tenants are retained and if an administrator cannot maintain a steady flow of relatively young and healthy replacement tenants, then over a period of time, the retirement complex will eventually resemble a care facility."

Strategies for Meeting Seniors' Changing Needs

To meet the changing needs of older people who are aging in place in a retirement facility, several strategies can be adopted. According to Gutman, these include modifications to the existing environment, making provisions for additional services, and adding levels of care within a facility.

a) *Modifying existing environments* — Modification means more than just making a facility accessible to wheelchair users. For the mobility-impaired not in wheelchairs, said Gutman, stairs may be easier and safer to use than ramps; both may therefore be necessary. Other disabilities may make it difficult for a resident to bend or stretch while retrieving cookware from kitchen cupboards or to manipulate standard handles on cupboards and drawers. Residents may also be hearing or visually impaired, problems which come with their own difficulties.

When modifying the existing environment, one must try to adapt to the individual and varying needs of its users, advised Gutman. An important consideration is that "incorporating appropriate designs from the start will probably only add half of one percent to the overall cost of a project."

b) *Providing additional services* — Often, management fails to properly assess the needs of the residents, or meet these needs cost-effectively in ways that are acceptable to the clients, said Gutman. To correctly assess needs, managers should question the client, question the administrator, and objectively assess the situation for themselves. Gutman referred to a 1985 study by Lawton, Green, Moss, and Griggs, which ascertained that people who complain of at least two unmet needs can be considered deprived. The authors of the study also discovered, interestingly, that administrators were less likely to consider that tenants had unmet needs than either the tenants themselves or their interviewers. Problems identified in this study included difficulty shopping (21%), trouble doing the housework (12%), and trouble with bathing (2%).

Solutions to expressed unmet needs can range from simply connecting tenants with established programs (for example Meals-on-Wheels) to more innovative approaches that also meet their psychosocial needs. A creative solution to a meal problem could be either using existing space or an additional building to provide hot meals. For those having problems with housework, a housekeeper could be hired to serve the needs of several residents.

c) Adding levels of care — Careful planning is essential when adding levels of care, especially to a building that contains only self-contained suites. Gutman pointed to two significant findings from her study of the multi-level complex and the complex with only self-contained suites. Most tenants of the multi-level complex continued to favour multi-level services between 1973 (75%) and 1982 (80%). However, tenants in the other building, to which a care facility had been added in the interim, went from being favourable to the concept of multi-level care, to being highly unfavourable. These residents were perhaps fearful, said Gutman, that they would eventually be living in a care facility.

In planning a retirement complex, one really has to consider the concept of "constant versus accommodating environments," said Gutman. This means one of two options: building self-contained accommodation only and accepting that residents must move if they become too frail or disabled in order to maximize the personal-environment fit; and building an "accommodating" model, which means planning for additional levels of care as and when they are needed and making residents aware of this intention from the start.

Adding levels of care is difficult for residents and management alike, Gutman concluded. However, she said, it is important for building planners to think out long-term development strategies in advance.

The Toronto Experience

In the case of the Metropolitan Toronto Housing Corporation, which manages 16,000 units of housing (including 11,600 bachelor units) for seniors of low-to-moderate income, "a deliberate decision not to add levels of care was made over 30 years ago," said General Manager Don Richmond. A type of "constant" living environment, these units "are for independent living, not for nursing care."

Richmond explained that the Housing Corporation operates its buildings "for the 85% majority," that is, those who are physically and mentally able to live on their own. The remaining 15% are accounted for by the "5/5/5 rule: 5% of residents are inappropriately in the building and need more care than we are capable of providing; 5% are okay with only a few services; and 5% are failing and need to be watched." The average age of the residents is 67 years on arrival and 82 years on departure — by which point one third have died, one third are no longer capable of independent living, and one third have decided to move for a variety of reasons, including moving out-of-town or to live with relatives.

In 1980, the Corporation introduced a concept, called "Head Leasing," which allows community group agencies to provide supportive housing inside its projects. This has provided 19 integrated projects for seniors with physical, mental or other handicaps. "They work extremely well and we are proud of the concept," said Richmond.

Although the demographic pattern has not changed since the Corporation began delivering housing 30 years ago, attitudes are different, said Richmond. "Twenty years ago the main concern of seniors was fear of eviction; now they tell you how they want things run, and we recognize these changes in demands and desires." Richmond put forward the following as being important things that the Corporation has learned over the years:

- People want space — they are not satisfied with bachelor units, preferring one-bedroom units, but are willing to trade space for a desirable location;
- Large projects are disastrous in terms of management and socialization;
- Probably for security reasons, people do not like living on ground floors in urban centres;
- Amenity space is a sought-after attraction for residents, but should never be located in the basement;
- Laundry rooms should be placed on the ground floor near the front entrance as they are often the centre of social activity; and
- Storage space and balconies should be incorporated into unit design.

The Corporation has initiated major renovation and upgrading work in its projects, said Richmond. Much attention has been given to installing or improving safety devices such as smoke and fire alarms and smoke-control systems. Grab bars have been installed and bathrooms renovated, and ways of upgrading kitchens, stoves and refrigerators are now being examined. Amenity space has been provided in older buildings, where possible, and this has often meant additions to buildings.

Experiments in monitoring the residents' safety and health needs have also been conducted; these have included buddy systems, passive monitoring, medical alert systems, electronic alarms and security cameras. Yet none of these have worked as well, admitted Richmond, as the simple procedure of allowing the residents to monitor and control their own environment. Although community organizations and social workers work within the projects, and although a project's superintendent — the Corporation's key contact with its residents — keeps a close but non-intrusive eye on the tenants, the ultimate responsibility for running a project is left to the project's resident group.

When explaining the Corporation's operating philosophy "that the building is not ours but the tenants'," Richmond said it is clearly understood that the day-to-day operation of a project is left to the residents. "We don't intervene in their lives, we say 'here are the facilities; you make it happen'."

In closing, Richmond had this to say: "What we've learned about all of this is that people are people, and they are survivors, and they need some help from time to time. If you are there, they'll make it. We see our job, really, as helping them to help themselves."

Involve Seniors

The need for seniors to be actively involved in managing or designing their own living environments is a view shared by Gutman, Richmond and James Torbert, who stressed the absolute necessity of involving seniors in planning their housing.

He elaborated by saying, "Architects designing for the frail and aged must be more than just traditional designers; they must work with seniors, management, occupational therapists, community health nurses, gerontologists, and family members." Above all, Torbert said it is "critical to understand the seniors who will be living in the residence," not only to address residents' present needs but to anticipate their future requirements for aging in place, and those of the next generation of elders. "We must not just address their needs in a single moment but over a span of time."

Understanding seniors and their housing needs means establishing a profile of the senior for whom you are building or adapting. It also means knowing what community services (e.g., Meals-on-Wheels, home repair, and transportation programs) are available and can be factored into the planning. The presence or lack of these types of services will have a bearing on the architect's overall design and, ultimately, on the senior's ability to remain independent within that building. Conceding that limited funds may, in turn, limit the designer's ability to meet all the perceived needs of the residents, Torbert recommends concentrating on the requirements that are most appropriate for the senior at the time and not modifying the environment more than is necessary. However, he agreed with other speakers that many design features that can address basic concerns for accessibility, safety and security do not have to cost a lot of money, particularly if they are incorporated into the building at the outset.

Torbert described the visual, hearing, and mobility problems many seniors face and illustrated many examples of possible design solutions for both new and existing buildings. These included the following:

a) *Vision* — Pastel colours make it difficult for the senior, who takes longer to focus on objects, to distinguish between different areas of living space. Higher illumination levels are critical and just using a high-voltage light bulb is insufficient, as illumination must be consistent from room to room. Using colour to provide a contrast between rooms and spaces is another solution. Avoid shiny surfaces as they can cause problems with glare.

b) *Hearing* — Audio and visual signals on alarm systems are a good idea, as some seniors have both hearing and vision problems. Also, minimizing the use of hard surfaces reduces background noise and improves acoustics.

c) *Mobility/Dexterity* — Avoid thresholds where possible and ensure they have sloped edges (to reduce risks of tripping) where they must be used; levered handles on doors and faucets are easier for weak hands to operate; wide door openings for wheelchair access can often be achieved in an existing building by using clear swing hinges; eliminate the overhangs on stair treads by using carpeting or a strip of wood; handrails are easy to install and can greatly assist frail people in moving around their homes; grab bars, bath tub seats, hand-held showers, providing clearance under sinks, and tilted mirrors can help in using bathroom and toilet facilities; wire racks to reduce the effective depth of sinks, flat-top ranges, pull-out racks, lazy susans and angled mirrors over ranges can help in the kitchen; providing ground-fault interrupters for electrical outlets in kitchens and bathrooms reduces risks of shock; and positioning outlets at a higher level reduces the need for bending.

With the types of options that are available, "it is possible for the frail senior to age in place with dignity," Torbert emphasized, but "it remains to educate seniors on what they can do for themselves."

Questions And Answers

One delegate asked whether, when the Metropolitan Toronto Housing Corporation discovered that seniors did not want to live in bachelor units, it removed any walls to make the units bigger. Richmond replied, "In the long term, we may be able to convert these units. However, now, when the waiting list is at 20,000 people, this option is just not feasible. Also, because all the units are full right now, we have not been able to find two apartments situated adjacent to each other."

Another delegate commented to Richmond, "I received the impression that the Metropolitan Toronto Housing Corporation is determined to remain with a 'constant' environment, and not look at adding services as needed." Richmond's reply was, "We encourage the tenants to organize services such as Meals-on-Wheels. The Corporation's philosophy is that we are not in the business of providing services; we will facilitate the provision of services. In most instances, this approach works. In terms of individuals who can no longer live independently, we are tough and proceed, usually through the judicial system, with evicting those persons. This involves proving our case to a judge and protects the rights of the tenant, which I believe should be paramount."

Richmond was asked about the alternatives to stairs that elderly tenants of high-rise Corporation buildings have in case of fire. He responded, "Our operating rule is that tenants must stay in their apartments until someone comes to escort them. For those living six stories and above, they have to use the stairs. We have retrofitted all the stairwells in the new buildings to ensure a smoke-free environment; we have also begun installing smoke-barrier doors in the corridors in all our buildings as a way of isolating the fire and smoke in controllable areas."

A delegate wondered who is helping the Corporation tenants to identify their needs and arrange for services. Richmond answered, "In our projects, the key person is the superintendent, with whom we hope the tenants develop a good rapport. That person knows what is going on in the building. But the social activities, etc., are initiated by the tenants themselves, who operate as one big family."

Plenary 9

IMPROVING ACCESS TO AFFORDABLE AND APPROPRIATE HOUSING — PROMISING OPPORTUNITIES

Moderator:	Jean-Paul Arsenault President Societe d'Habitation du Quebec
Panelists:	Lawrence Crawford Consultant Lawrence Crawford & Associates Inc. and Honourary President Ontario Gerontology Association Toronto, Ontario
	Patrick H. Hare President Patrick H. Hare Planning and Design Washington, D.C.

Panelists in this session discussed ways to improve seniors' access to more appropriate and affordable housing through a redefinition of government, public- and private-sector roles, and the successful marketing of accessory apartment, homesharing and garden suite options.

Role Definition Essential

Lawrence Crawford told the audience that if access to appropriate and affordable housing is to be improved, federal, provincial, and municipal roles must be clearly defined, and complex intergovernmental relationships brought into focus.

In the future, suggested Crawford, federal agencies should concentrate primarily on "clarifying common issues and approaches, continuing their role in defining national standards, and increasing their budgetary expenditures on research and, through federal-provincial partnerships, the direct costs of housing development, construction, and renovation."

Ideally, the provinces, and in many instances the municipalities, said Crawford, must be responsible for the establishment, enrichment, and coordination of a network of community and social services for seniors. While concentrating on funding, senior levels of government should ensure that more of the essential inter-agency and inter-sector coordination is done at the local level.

Crawford emphasized that in rural communities, "much of what we are striving for in terms of a well-structured network of community health and social services for seniors aging in place is already occurring." He suggested that housing providers study these successful models before implementing strategies of their own.

Outstanding Issues

"One of the problems with our urban system," said Crawford, "is that we still tend to emphasize age-specific grouping rather than the lifespan approach."

Another urban problem is that current statistics deal with "one variable ethnicity," whereas major urban centres across Canada are truly multicultural. "Aging in place is occurring in a multitude of ethnic communities where the kind of services we have outlined at this conference are going to place special cultural and language demands on health and social services personnel."

Crawford also stressed that, in our enthusiasm for the needs of a property-rich generation of seniors, we must not forget that a significant number of homeowners in smaller communities have no way of realizing their equity. "These seniors," he said, "will find aging in place compulsory, and a different kind of funding and support service mechanism will be necessary in consideration of their particular needs."

"We have also neglected to discuss the homeless," said Crawford. "By concentrating on the affluent members of our population, we fail to take into account the demands that the homeless of all ages will make on these support systems."

A recently released Ontario document ("*Housing — More Than Just a Roof: An Action to End Homelessness in Ontario*") and an accompanying policy paper outline amendments to the Housing Planning Act, which deals with all kinds of nonstandard housing options. One of the paper's major recommendations is that 25% of units in new housing developments in Ontario be devoted to affordable housing. If this policy paper is adopted, said Crawford, municipalities will have one year to change their official plans.

Although the concept of housing linked to supportive services is often treated as a new idea in Canada, Crawford pointed out that people are already aging in place in several projects across the country. Having participated in the development of these pilot projects, Crawford finds aging in place an exciting idea that really works.

"I believe the goals we have set at this conference indicate a progressive attitude on the part of the government, the nonprofit sector and the private sector," said Crawford. "Working together in partnership we will achieve greater access to more appropriate and affordable shelter for seniors."

Patrick H. Hare told the audience that accessory apartments, garden suites, shared housing, and household matching are non-standard options which generate a wealth of affordable housing without government subsidy while helping seniors age in place.

"The idea that well-integrated and affordable rental housing can be built without public subsidy," said Hare, "is a surprise to many people, especially when everyone concerned enjoys the benefits." The public sector has the strange but satisfying role of offering the private sector a series of profitable business opportunities. Homeowners benefit from added income, security, companionship, and the opportunity to offer rent reductions in exchange for services, the combination of which often allows for comfortable aging in place.

A Mutually Beneficial Partnership

With successful implementation of this type of housing, said Hare, a mutually beneficial partnership arises. On the one hand, overhoused seniors provide the rental market with relatively inexpensive housing stock. On the other hand, renters provide senior homeowners with services, security and a steady income.

According to Hare, a recent Colorado survey of homeowners utilizing accessory apartments found that 66% of the accessory units were rented at rates below the estimated fair market rent. Seventy-seven percent of the respondents indicated they were very satisfied with their accessory apartments and 19% were satisfied. No respondents were dissatisfied. Similar results were tabulated in two surveys among older homeowners in southwestern Connecticut.

"When you have a baby boom," said Hare, "you eventually have an empty-nester boom, and a dramatic underutilization of the housing stock." The United States is currently experiencing this baby boom aftershock. "One in every three single homes in the United States has enough room for an accessory apartment. That translates into 20 million houses across the country. If one in 20 homeowners made use of an accessory apartment, the impact on the rental housing stock, in terms of affordability and availability, would be enormous."

Surveys indicate that 70 to 80% of elderly people in the United States own their own homes. And the majority of these senior homeowners wish to age in place. "In fact," said Hare, "the single family home is the most common form of housing for the elderly." And it is one of the most inappropriate. Designed for people who never get old, "Peter Pan" housing is not well suited to seniors, many of whom can no longer drive, manage stairs or maintain their own homes.

Accessory apartments and other homesharing opportunities would reduce the Peter Pan factor, which Hare believes will be the most widespread elderly housing issue in the United States over the next decade.

Another problem with single family Peter Pan housing for the elderly, and particularly the frail elderly, is that it tends to be "isolation housing." This problem is so great in the United States, said Hare, that there is a national commission on the elderly living alone. By bringing people together, accessory apartments and other non-standard types of housing eliminate the problem of isolation and loneliness for seniors in single-family homes.

In addition, nonstandard options allow seniors to realize the equity they have tied up in their homes. In particular, garden suite housing allows the homeowner to leave the nest and keep the nest egg. This is an important consideration for many seniors. By retaining their discretionary income, seniors can maintain a flexible lifestyle.

Success in Marketing

Unfortunately, said Hare, despite the obvious benefits, non-standard housing and sharing options in the United States are being underutilized, primarily because of poor packaging and marketing design.

With accessory apartments, the senior homeowner is in a particularly difficult position. The situation is not unlike buying a car, piece by piece, in an auto-parts store and then trying to assemble it by yourself, Hare said. An accessory apartment requires bylaw amendments, building contractors, financing, insurance, tenant selection, and management, but there are no agencies offering to put the pieces together for seniors who might be interested in the idea.

In terms of the shared housing option, matching agencies are going out of business almost as fast as they are being set up, said Hare. "Because the ethics behind service to seniors are so important to these agencies, few of them manage to recover their costs, despite the fact that they are generating substantial amounts of income for their clients."

Hare told the audience that while accessory apartment, garden suite and shared housing options are not new in the United States, they are essentially dormant. What is required, therefore, is not invention, but a sound marketing strategy. Noting that a can opener can be sold as a cordless, energy-efficient, aerobic device, Hare suggested "remarketing, not reinventing, the wheel."

While the range of options looks promising, what is needed to turn them into reality is a marriage between the construction skills of the remodelling industry and the packaging skills of the real estate agencies or nonprofit groups.

Hare concluded by predicting that if the private sector can be convinced that nonstandard housing for the elderly is an excellent business opportunity, and the elderly can be convinced that nonstandard options will enhance their quality of life and allow them to age in place comfortably, affordable housing will be a subsidy-free by-product.

Concurrent Panel 10a

INNOVATIVE FINANCING AND TENURES — THE LATEST DEVELOPMENTS

Moderator: Roger Boddy
Manager, Underwriting and Administration Mortgages
Confederation Life Insurance Company

Panelists: Ken Scholen
Executive Director, National Centre for Home Equity Conversions
Madison, Wisconsin

Cecil Hinton, F.C.A.
Managing Director, Hinton and Wild (Home Plans) Ltd.
Surbiton, England

Tom Delaney
President, T. Delaney Inc.
Toronto, Ontario

There are about 2.7 million seniors in Canada, who live in 1.3 million households. Of these, 1.1 million own their homes and 92% of the homes are mortgage-free. Although most of these seniors are property-rich and cash-poor, they have few options for taking advantage of their equity. As a result, many sell their homes prematurely; according to the panelists, however, this scenario can be avoided. This session on innovative financing explored the various ways seniors can make their home equity work for them when they decide to leave the paid labour force or change their housing arrangements.

One innovative financing method involves a reverse mortgage. Ken Scholen reviewed recent developments in the use of reverse mortgages in the United States. He said most people are more familiar with regular mortgages, where home-buyers borrow a lump sum "and then start paying it back every month until the last moment of recorded time or 30 years, whichever comes first." With a reverse mortgage, he explained, the equity built up in a house translates into monthly revenue, and "you don't pay back any of those loan advances or any of the interest that grows on the advance until you sell, move or die."

What this means is that over time, the amount of the debt increases until you owe a large sum. However, the monthly payment reflects the value of the homeowner's equity and the actual, or estimated, period of the payments. Therefore, the debt will never exceed the value of the home.

Traditionally in the United States, explained Scholen, the usual reverse mortgage plan involved the issuing of a cheque to the homeowner every month, with the total loan plus the interest being paid back when the person sells, moves or dies. In addition to this regular monthly payment, reverse mortgage plans also allowed holders either to withdraw lump sums at the beginning for specific purposes (e.g., home repairs or payment of an existing debt) or to withhold a portion of the equity from the plan (i.e., to ensure that there is still a nest egg). By and large the amount of the monthly payment was fixed, but there were variations which provided for annual increases.

Recently, Scholen said, the U.S. market has seen three innovations in the use of reverse mortgages:

- *Reverse Mortgage Line of Credit:*
  Financiers have come up with a reverse mortgage line of credit, "where you retain control as the borrower. You take the money out if and when you want it and in the amounts you choose, within certain limits." This works well for people who do not need a monthly supplement but are concerned about getting funds in times of emergency. Reverse mortgage holders can also combine the monthly income supplement with the line of credit. This financing instrument is now being offered by two state governments and a federal credit union. The Federal Housing Administration (FHA) is about to provide insurance for this instrument, clearing the way for it to be offered through bank and savings/loan companies across the U.S.
- *FHA Reverse Mortgage Insurance Program:*
  For the first time — after six years of discussions and negotiations — the U.S. government is committed to insuring reverse mortgage loans made by private lenders under the FHA. (Regulations were anticipated to have received Congressional approval at the end of last October.) As the insurer, the federal government will say to the lenders: given a person's age, property value and marital status, these are the amounts of money that can be advanced on a monthly basis, line of credit or combination of both. A premium (expected to be 2% of the value of the home) will be added to the loan balance, to fund a "risk pool" to cover "the extreme cases, where a person lives so long and there's so little growth in property value that the combination of loan advances and interest exceeds the value of the house." The lender can also assign the mortgage over to the FHA at the point where the loan balance equals the maximum insurance benefit, thereby providing the lender with a lot of security. This federal initiative may also encourage one or more secondary mortgage institutions to offer funds for these types of reverse mortgages.
- *Private Reverse Mortgage Program:*
  The Capital Holding Corporation of Kentucky is initiating a new program very similar to the FHA-insured program. However, it will have fewer limits, as it will cover higher-value homes and provide larger monthly payments. The cost and insurance premiums will be higher, and the amount of equity that people retain will be lower.

Consumer education and information are important in marketing the reverse mortgage concept. Scholen made specific reference to the American Association of Retired Persons (AARP), which has developed a publication, "*Consumers' Guide to Home Equity Conversions*," for its 30 million members as part of its ongoing consumer support program. The organization also publishes guide books for professional advisors such as attorneys, financial planners, accountants and lenders, as well as offering information and counselling by telephone, or mail, in many centres.

AARP, said Scholen, is engaged now in collecting detailed consumer information on all reverse mortgage plans being offered in the United States. An ambitious undertaking, this project will prove vitally important in a market "where older homeowners are facing instruments and issues that no one has ever seen before, where the providers of the instruments know how they work, and know all the details, but the individual consumer has a harder time understanding them. Even the attorneys they go to for advice have never seen them before."

Scholen wrapped up his discussion by saying that individualized face-to-face counselling, which is being provided by AARP and some state governments, is absolutely necessary in this business. "Consumers have to be informed of all the other choices available to meet their needs, in particular the ones that do not involve borrowing against a house." The new FHA Reverse Mortgage Insurance Program will require that people receive this type of counselling before they sign a reverse mortgage contract.

Their Only Asset of Consequence

In the United Kingdom, the proportion of homeowners has grown from 51% in 1968 to 66% in 1988 and is expected to reach 70-75% in the 1990s. Successive governments have encouraged homeownership, primarily by granting tax relief on interest payments, but also by making local authority housing available for purchase by the tenants.

In his description of a scene characterized by increasing homeownership rates, rising property values, and a growing number of seniors "owning increasingly valuable properties," that are often "their only asset of any consequence," Cecil Hinton said many elders are in the "frustrating position of having an increasingly valuable asset on one hand, with an extremely restricted income on the other."

Efforts to soften this dilemma have produced two distinct types of approach — mortgage annuity schemes, in which the landowner retains ownership, and reversion schemes, in which the homeowner sells the property and obtains a guaranteed tenancy for life.

Under mortgage annuity schemes, an interest-only loan is secured against the home equity and the money is used to buy an annuity providing a guaranteed monthly income for life. Each month, mortgage interest is deducted from this annuity income and the homeowner receives the balance. When the owner dies, the annuity loan is repayable from the proceeds of the house sale, with any surplus going to the estate. Hinton guided participants through a detailed calculation to show that an $80,000 home could yield a monthly income supplement of about $280 to a 75-year-old woman, after interest and taxes.

Annuity income depends on the ages of the people involved, so in order to ensure that the income provides a worthwhile surplus, after paying the mortgage interest, British companies have established minimum qualifying ages of 70 for individuals and 145 (combined ages) for couples. Although under some plans the mortgage interest rate varies with market conditions, Hinton remarked that he felt strongly that the rate should be fixed for life. This would remove the worry about fluctuations in the level of income.

According to Hinton, two variations of the plan are available. One allows applicants to have a small initial cash sum, with a lower annuity and a lower final income. The second provides a capital protective annuity, with limited life insurance, which provides for some capital to pass to the estate in the event of the premature death of the annuitant. This option lowers the income.

Reversion schemes can also be used to generate cash or an annuity, based on a discounted value of the property's current worth. Under these schemes, ownership has been parted with, and in the majority of cases, all the benefit of future appreciation in the property's value goes to the purchaser.

However, Hinton said the structure of reversion schemes has been improved in recent years, effectively addressing his earlier concern that rampant inflation could wipe out a homeowner's equity over time. Under these new schemes, seniors receive some benefit from future appreciation in property values.

In comparing the two approaches, Hinton cited the merits of a guaranteed income, under annuity schemes where the income and loan interest are fixed, as well as the benefits of retaining property ownership and all rights to appreciation in value.

However, annuity schemes rely on tax relief (i.e., mortgage interest deductibility) for a substantial portion of the benefits, and this effectively limits the loan to $60,000 (i.e., the limit for loans qualifying for interest deductibility). With reversion schemes, no tax relief is involved and there are therefore no limits on using available equity to generate higher loans and income. Lower age limits can also apply. However, relinquishing ownership means forfeiting all or part of property value increases.

Hinton pointed out that under both schemes, there is a "risk that early death could mean a big loss to the estate unless a capital protection option is used to mitigate against this." He stressed the need for careful consideration of terms, conditions and tax implications.

Pointing out that these schemes can be used with any property that can support a mortgage, Hinton indicated that problems can arise when they are used for purpose-built retirement projects. Difficulties that can occur on resale discourage lending institutions from providing mortgage financing, and Hinton suggested that the following factors must be addressed if the scheme is to be satisfactory to both parties:

- Provisions must be made for a fair financial arrangement in the event that the senior wishes to move or give up the property;
- All fees for the transaction must be clearly stated;
- Applicants must receive independent advice before making any commitments.

It is also desirable that seniors discuss any proposed plans with their families, said Hinton, as a particular scheme could have the effect of reducing the amount of capital available to the heirs. This may not be important if there are no close relatives, or the family is financially secure, and adult children are increasingly encouraging their parents to take advantage of these schemes.

Although these plans have been marketed in the U.K. since 1968, there are still only a small number of institutions that offer them. Hinton suggested that this may be due to a combination of the following factors:

- Concern that the benefits they are able to offer may not appear attractive to a homeowner (they do not appreciate that a modest increase can make an enormous difference to someone with a low income);
- Concern over bad publicity if a plan works out badly for an elderly person (this need not be a problem if plans are properly structured and marketed; in fact one of the largest insurance companies gets regular and free positive publicity because it is one of the few companies offering this service);
- Lack of understanding of the plans and potential markets, so "they take the easy way out and go for something they know more about, like pensions";
- The belief that these plans are not profitable. This is not borne out by the profit records of companies that have offered these plans for many years.

To date, said Hinton, mortgage annuity plans have been more popular with consumers, despite the obvious advantages of reversion schemes. Since their introduction in 1972, about 40,000 annuity plans have been arranged compared to about 1,000 reversion schemes. Hinton explained the difference this way: no large institution has yet backed a reversion scheme, and reversion schemes appear to be unfair to the senior and therefore lack media support. Perhaps if profit-sharing of the property's future value appreciation were offered, this would change, he said.

In his concluding remarks, Hinton expressed the views that equity conversion schemes can fill a large social need in helping seniors to remain independent and, for sponsoring institutions with a genuine interest in elderly people, they can be profitable and worthwhile commercial ventures.

Tom Delaney appeared on behalf of the Consumers' Association of Canada. He discussed the need to make it easier for seniors to remain in their own homes and described homeownership as one of the best investments available in Canada.

Back in 1979, commented Delaney in his opening remarks, he was asked by *The Toronto Star* for his comments on reverse income mortgages. At that time, he had said: "The direction that reverse mortgages might take is anybody's guess. There is virtually no limit to the variety of ways to arrange an orderly and systematic liquidation of the equity in the home. In the absence of enabling legislation anywhere in Canada, there is every indication that attempts will be made to make it work using the existing statutes. If problems result due to a lack of regulation, they could damage what is potentially the most important new financial concept to emerge in decades."

To date, the only viable plan in Canada is the Canadian Home Income Loan Plan offered in B.C. Delaney commented that he has a great deal of difficulty with such reverse income mortgage plans where a consumer with a debt-free home takes out a loan for up to 70% of the property's market value and uses the proceeds to buy an annuity that will pay income for life. Under this approach, the homeowner could forfeit a substantial part of the home's equity.

Financial Security

"I see about 1,000 people a year," said Delaney, "and discuss their personal finances, and in my experience, in terms of the way we try to present the case, we look to financial security for all of us," at a level that is "sufficient to pay for the level of goods and services that represents a lifestyle."

Income comes from two sources: employment and the accumulation of assets. In the latter case, said Delaney, there are income-producing and non-income-producing assets. A Canadian example of an income-producing asset is the pension (e.g., OAS, CPP, private pensions, GAINS, and guaranteed income supplements).

During the next few years, both pension and tax reforms are in the offing. Demographic projections point to the problem the government is facing in financing a public pension system for a growing number of pensioners with a decreasing workforce. It is likely that the government will be forced to tax more and more goods and services. These developments will affect the lifestyle of the elderly significantly, surmised Delaney. "That is why the development of these equity conversion financing instruments is so important."

The reverse mortgage might just be the best option available for seniors who require income enhancement. "The burden of tax that we will face down the road will make it extremely difficult, in the absence of any other investments that are around." In that light, "the reverse mortgage is an option that is worthy of adoption."

Delaney believes that the introduction of reverse mortgages must be handled very carefully, particularly because one bad product could ruin consumer interest and thus the future potential of the product. He expressed the view that taking a large lien (loan) against the property, in order to buy an annuity, involved too many people with "fingers in the pie," and suggested the following alternative approach could work very simply.

The property would be appraised and the income stream, from a reverse mortgage, would be determined based on the retirement investment fund (RIF) principle which reflects the number of years remaining until age 90. (Example: a 70-year-old with a 65-year-old spouse would be looking at a 25-year term.) The mortgage would be renewable every five years, subject to reappraisal. The interest accumulating as a registered lien against the property would be set at prevailing interest rates.

Delaney stressed the importance of guaranteed tenure for the homeowner and speculated that if pay-outs reflected a 100 rather than a 90-year life expectancy (using the younger spouse as the base), the loan-to-value ratio is unlikely to get out of kilter. Nevertheless, he felt that CMHC should become involved in providing lenders with insurance against losses due to the loan exceeding the realizable value of the property. This will enable lenders to provide tenure guarantees even when homeowners live to a ripe old age.

It is fundamental that Canadians be offered a plan that provides homeowners with a chance of benefitting from a growth in the value of the property, said Delaney. He concluded by suggesting that a scheme which provides for reappraisal every five years would offer a great opportunity for financial institutions as, in his view, reverse mortgages are a product whose time has come.

Questions and Answers

Scholen was asked whether the American program was age-segregated, and whether someone who had not paid off the mortgage entirely would have access to a credit line. Scholen replied that each of the various plans has a minimum age requirement, but the limit is not nearly as important as the actual "economics" of the deal. The plans, because of the way they are structured, are more attractive to an 80-year-old single person than a 65-year-old couple. A person does not have to own the home "free and clear" to take out a reverse income mortgage. Usually, the initial payment from a reverse mortgage can be used to retire any existing debt; in some cases, the two mortgages can be blended together.

Another delegate asked Delaney whether there is any possibility of having a reverse mortgage and pegging it with something similar to a shared appreciation mortgage, to allow the consumer to participate less that the full amount. Delaney's response was that the problem with this type of suggestion is availability. Institutions are reluctant to enter into shared-equity mortgages.

Delaney was asked whether both the interest and the principal portion of annuities are considered tax-free. He confirmed that an advance ruling from Revenue Canada indicates that they will be tax-free. In addition, Health and Welfare Canada has ruled that a person receiving an income stream from an owner-occupied home will be able to qualify for the Guaranteed Income Supplement.

Delaney was also asked his opinion on the current age limit on RRSPs and the requirements in cashing them out. Delaney replied, "Revenue Canada's position is that you benefit to the extent of getting tax assistance throughout the accumulation period, and you did it at the expense of all taxpayers. The government views RRSPs as a retirement plan."

One questioner wondered whether there is any distinct difference in home equity conversion plans in terms of their benefits for women. Delaney's response was that there are probably millions of elderly women in Canada whose husbands had accumulated pension credits over their working lifetime, and when the husband died, the payments stopped. These women are the ones who can really benefit from reverse mortgage income.

The moderator ended the session by drawing attention to a recently published CMHC booklet, "*Housing for Older Canadians: New Financial and Tenure Options*," and suggested that CMHC coordinate dialogue between seniors' advocacy groups, financial institutions and government agencies, with a view to making equity conversion schemes widely available.

Concurrent Panel 10B

FACILITATING INNOVATION — BREAKING DOWN THE BARRIERS

Moderator:	Michael Geller President, Michael Geller and Associates Ltd. President, Urban Development Institute Vancouver, British Columbia
Panelists:	Albert DeFehr Past President Canadian Home Builders' Association
	Richard Peddie Past President, CAHRO Director of Development, City Home, City of Toronto Non-Profit Housing Corporation Toronto, Ontario
	Alderman Ralph Hawley Dartmouth, Nova Scotia

Panelists in this session discussed a number of obstacles that must be overcome if innovative affordable housing options for seniors are to be implemented. Citing the current regulatory environment as the greatest of these obstacles, panelists agreed that the need for comprehensive regulatory reform is of critical importance.

Albert DeFehr told the audience that without regulatory reform, many innovative housing options for seniors will not be implemented. Because the regulatory environment in Canada is in part a reflection of community values and priorities, however, DeFehr feels the issue of regulatory reform is a difficult one to address.

"It is ironic," he said, "that the things we create to protect and enhance our community come back to restrict our capacity to be innovative and to take advantage of the opportunities represented by change."

Fundamental Alteration

DeFehr believes that regulatory reform will mean a process of change involving all those with an interest in the provision of adequate and affordable housing for seniors. "Neither legislation, nor the private sector wish list, nor bureaucratic rules alone, can substitute for a fundamental alteration in the way in which we approach housing issues in this country. Unless we are prepared to create an environment which encourages innovation and risk-taking, we will continue to make the same kinds of mistakes we have made in the past."

In assuring the audience that he was not making some dubious appeal to some kind of market mechanism, DeFehr said "my appeal is that of a private entrepreneur who firmly believes that we can capture the potential of this conference and translate it into reality through collective creative action."

According to DeFehr, there is an increasing tendency to suggest that the growing population of older Canadians will have a powerful effect on the political agenda of our country. "The elderly will become a power that cannot be ignored, and their needs and expectations will become political priorities."

DeFehr believes that this interpretation of the future must be viewed with caution as the response to this pressure will probably be ad hoc remedies and compromises. Whatever the case, he said, "the principles of private enterprise and initiative must be reinforced and the kind of environment in which individuals can have a greater freedom to exercise their creative energies and to deploy their resources in imaginative ways must be encouraged."

Risks are implicit in such an entrepreneurial environment, risks to the individual and to the community at large. But these risks will be reduced as the general public becomes increasingly educated and vocal, said DeFehr.

He asked CMHC to examine the findings of this conference and to call upon the Minister of State for Housing to convene a task force charged with developing a specific set of recommendations and an action plan regarding housing for the elderly.

DeFehr said his association's (CHBA) executive will be recommending to its Board that a senior's housing council be established within the organization "to further the accomplishments of this conference by working with a variety of representative organizations in the development of action plans."

Richard Peddie told the audience that housing conditions for seniors and other low- and moderate-income groups, particularly in terms of affordability, are steadily declining. "Tenants are remaining in nonprofit developments for much longer periods," said Peddie, "because they have virtually no mobility." New rental stock is not being built and condominiums are rented out at the high end of the market.

Between 10 and 15% of City Home's 15,000 tenants are seniors, supporting the idea that the elderly want to be housed in integrated family developments and communities, not segregated, single-purpose projects. Peddie believes that seniors choose this type of housing for many reasons, including security, companionship, suitability of location, and affordability.

"We have heard a lot at this conference about ways in which affluent or semi-affluent seniors may be helped through various retirement and group homes," said Peddie. "But little has been said with regard to options for those at the lower end of the spectrum, despite the fact that seniors account for as much as 40% of the homeless and chronically hard-to-house population in a city like Toronto."

Less Fortunate Seniors

This indicates an urgent need for an integrated delivery system of health, social services, and affordable housing for the country's low- to moderate-income seniors.

While many of the main ideas presented at this conference are not new, said Peddie, the problem lies in their implementation. "We must focus on eliminating the barriers to housing opportunities for less fortunate seniors."

Peddie believes that because of its commitment to care for the disadvantaged, the nonprofit sector, with assistance from all levels of government, is best equipped to deliver a coordinated package of services and affordable housing options to seniors.

Acknowledging that partnerships between local government, and the nonprofit sector and private homeowners and landlords and developers are possible, Peddie expressed the view that they were more likely to be the exception than the rule. He also indicated that most seniors will not be living in housing that is custom-designed.

"There is no shortage of ideas and tested solutions within the nonprofit sector that deal with the problem of providing the elderly with affordable housing," said Peddie. "But there are several barriers to implementing these solutions."

One significant factor is the resistance of several influential groups: politicians who do not consistently and effectively promote change; bureaucracies that refuse to re-examine their values, standards, policies and regulations in a broad range of areas having a direct bearing on the provision of affordable housing; and communities and homeowners who have a vested interest in preserving the status quo.

Neighbourhood redevelopment and intensification are critical in assuring access to affordable and appropriate housing for seniors. "By placing seniors in established communities," said Peddie, "housing providers are enhancing the comfort and security of the elderly through neighbourhood familiarity and proximity to an existing range of appropriate support services." Because there are always vacancies within the existing housing stock, which is the cheapest on the market, this is an important option for seniors.

However, said Peddie, several barriers to intensification have prevented it from becoming a viable option in many urban areas. Fire codes and other regulatory structures, for example, inhibit the construction of basement apartments in residential areas, and current community planning principles are based on often unrealistic, preconceived notions about maximum acceptable densities. In addition, community members and their political representatives continue to believe that unrelated people living together pose a threat to society.

The City of Toronto, in recognition of the need for intensification as a means of housing a growing elderly population, has overcome some of these impediments. The relaxation of zoning bylaws and changes to zoning ordinances have allowed for the construction of stacked townhouses, which has increased densities 2 1/2 times; and for redevelopment along major arteries and above shops, which has increased densities up to five times. The City has also spearheaded an effort to provide group homes for discharged psychiatric patients.

Constant Lobbying

These reform initiatives, said Peddie, are the result of constant lobbying by interest groups, informative discussions between housing providers and resistant residents in existing communities, and the demonstrated effectiveness of successful building conversions.

Because the nonprofit sector owns an increasingly large proportion of the rental housing stock in major urban centres, the opportunity exists to control and modify that stock to meet the needs of seniors and other low- and moderate-income Canadians.

Owning large amounts of housing stock also means that nonprofit organizations have the flexibility to accommodate tenants in virtually every situation, from students to extended Chinese families, and the mobility to move long-term tenants around within a system that is well equipped to deal with their changing needs.

Full integration of the elderly within the rest of the community can begin with housing units that are built for everyone, not just for seniors, Peddie concluded. In the future, therefore, nonprofit projects should not be custom-designed, but built according to the norm. "This means that when creating a new neighbourhood, variety and convertibility must be built-in features, as adaptability to future needs and to change will be essential."

Addressing the audience as both a representative of the Federation of Canadian Municipalities and a member of the Council for the City of Dartmouth, Nova Scotia, Alderman Ralph Hawley spoke of the need for a rapid increase in the amount of adequate and affordable housing available to a growing population of seniors.

"Because the size of the domestic population aged 65 or older is expected to almost triple in a little more than four decades, the amount of housing stock that will be occupied by senior citizens must be increased quickly," he said.

One complicating factor is the mobility of the population, said Hawley. One in ten Canadian households moved in 1987. This increasing mobility means that older Canadians often live in communities distant from those in which their children live. This trend diminishes the family's ability to care for aging parents, and exerts additional pressure on housing and community support services.

"By creating barriers to the development of appropriate housing for Canadian seniors," said Hawley, "regulatory and jurisdictional restrictions unquestionably stand in the way of accommodating this demographic transition." And while it is relatively easy to identify the barriers, it is considerably more difficult to find ways to eliminate them.

Commitment to Regulatory Reform

According to Hawley, most municipalities are willing to consider change in their regulatory regimes, and the Federation of Canadian Municipalities is committed to regulatory reform in the field of home building. "Municipalities would like to expedite and improve upon the regulatory process," he said, "and municipal politicians and officials want seniors to be integrated within the general population, rather than segregated in ghettos for the elderly."

But municipal politicians are ultimately responsible to the public, admitted Hawley, and the public is reluctant to abandon or modify regulatory regimes believed to be in the best interests of homeowners.

"It is an unfortunate reality that politicians are subject to NIMBY (Not In My Back Yard) pressures and attitudes," Hawley said, "and this is the most difficult thing we have to overcome." Municipalities understand and acknowledge the need for updating and simplifying regulatory requirements, but before implementing reform, they must be convinced that any changes will be for the better and will be accepted by local residents. Developments must still meet certain requirements, most of which have been put in place for good and valid reasons.

Municipalities are also responsible for the delivery of protection, recreation, health care, utilities and transportation services, said Hawley, and these cannot be neatly separated from the housing issue. "Implicit in regulatory reform in housing, therefore, is a change in the way these services are planned and delivered."

Another consideration, said Hawley, is that municipalities have only limited autonomy. Local planning decisions can often be appealed to provincial agencies, and many municipal bylaws must first receive provincial approval. This limited autonomy effectively restricts municipal accountability to the local electorate, which means that municipalities have a great deal of influence on the local home building industry.

Quoting a report from phase 1 of a project to examine opportunities for regulatory reform that is being undertaken by a tripartite group comprising the Federation of Canadian Municipalities, the Canadian Home Builders' Association and the Canadian

Housing Renewal Association and sponsored by Canada Mortgage and Housing Corporation, Hawley identified the following as existing regulatory problems:

- Conflict between different departments of the same government or between different levels of government;
- The layering of regulations with continuous additions but few deletions;
- A lack of sunset clauses and corresponding requirements to justify the need to retain regulations that may have outlasted their purpose;
- The lack of government initiative to expedite the process of building and development approval;
- The need for a more standardized approval process;
- The lack of experience of those who administer building and development regulations;
- Actions taken by public officials in the public interest without regard for cost implications;
- A "safety first" attitude taken by public officials that might seem justifiable, but might not serve the overall public interest;
- Actions taken by municipal councils that might ignore established legal rights; and
- The imposition of regulations without evaluating potential benefit or harm.

One way in which municipalities can act to develop greater consistency, said Hawley, is in the adoption of National Building Code requirements. Several provinces and territories, however, still allow municipalities to adopt building code requirements in excess of those of the National Building Code or provincial codes. There is growing support for the idea of combined inspections to facilitate the approval process and for the idea that certified architects and engineers should be allowed to guarantee compliance for their own projects.

Many seniors are overhoused in older neighbourhoods, but renovations to provide smaller living quarters and empty nest accommodation are expensive and create rezoning problems. As a result, said Hawley, a substantial part of this housing stock is being allowed to deteriorate.

"While some municipalities have adopted special renovation codes to minimize the intensification problem," said Hawley, "local politicians are concerned that such departures from judicial building codes and zoning provisions might cause a deleterious change in the community."

The progress made in bringing uniformity to building codes has not been matched by the standardization of land development regulations. To some degree, said Hawley, "this is understandable, as many communities want to impart a certain character or distinctiveness to their development." Home buyers may purchase a dwelling because there are restrictive development controls and subsequently perceive the continuation of these controls as an important element in enhancing the value of their property. In such cases municipalities could undertake periodic reviews to at least ensure that the controls continue to have validity as the community evolves.

Municipalities' failure or delay in the achievement of regulatory reform will be felt by homeowners and renters in elevated costs, said Hawley, the financial burden of which will fall increasingly on the shoulders of older Canadians.

But municipalities are not completely responsible for the success or failure of innovation in the area of housing for the elderly. Hawley reminded the audience that there are many players in the area of affordable housing. Although the municipality is a key participant in the effort to provide better housing for seniors, cooperation, understanding and a willingness to examine and improve current practices and policies, on the part of the housing industry and all levels of government, are essential for this effort to be a success.

Questions And Answers

DeFehr was asked about what the Canadian Home Builders' Association is doing to increase professionalism, expertise, and technological awareness among its members to better prepare them for the municipal application process. He replied that CHBA is committed to improving the professionalism of its membership, and cited as examples the currently offered seminars and training in such subjects as energy conservation and subtrade supervision.

Asked about housing for very-low-income seniors, Peddie replied that the private nonprofit and cooperative organizations have a commitment to building integrated housing that is not entirely geared to welfare tenants. Some programs have targeted housing to those with low incomes more successfully than others. In Ontario, especially in the 1970-1986 period, the number of low-income tenants that could be housed through provincial government policy was quite restricted.

One delegate wondered whether municipalities should set aside a percentage of land to be used solely for the accommodation of low-income people. In Hawley's view, municipalities should do so. "In Dartmouth," he said, "we have a fund that is in part used to purchase land for low-income and seniors' rental housing. The problem is finding suitable locations. Transportation, shopping and recreational facilities must be nearby, and those plots of land are not often accessible, or affordable. It would have to be a long-term policy, therefore, and perhaps we should be looking at that aspect in demanding land for recreation as well as for possible future seniors' and low-rent housing."

DeFehr commented that a debate arises over land that has been set aside for targeted use. "We want to avoid ghettoizing seniors because the seniors themselves want to be integrated within and a part of the community. I don't disagree that Council should provide some areas for seniors' projects, but I think that it is healthier to look at integration, rather than segregation."

Peddie was queried about who makes policy and regulatory decisions on seniors' housing, and whether seniors are represented. He replied, "The people who ultimately shape regulations, policies and programs are our elected representatives, and the pressure must be placed on them. All of the boards with which I am associated that concern seniors include seniors. Communication is a constant problem which affects all affordable housing issues. The solution is continuous education and lobbying to get communities and politicians to understand what the issue is really all about. It is a slow process, but since 1973 the nonprofit sector has come a long way in terms of changing public attitudes. People are more ready to accept this form of housing than they were even 15 years ago."

DeFehr was asked if the CHBA had considered building accommodation for extended families, as native elders often live in multigenerational family groups. He acknowledged that the question raised a valid point, and suggested that the questioner bring the issue to the attention of the Alberta Home Builders' Association.

Concurrent Panel 10C

NEW CHALLENGES, NEW ROLES

Moderator: Yvan R. Fortin
Housing Advisor, Marketing
Confédération des Caisses Populaires

Panelists: Bob Hart
President
Retirement Resource Group of Metropolitan Toronto
Toronto, Ontario

Gary Santini
President
Canadian Home Builders' Association
President
Park Lane Ventures Ltd.
Burnaby, British Columbia

Peter Smith
President
Canadian Housing and Renewal Association
Commissioner of Housing
Regional Municipality of Peel
Brampton, Ontario

If we want to ensure quality, affordable housing for the elderly, then we must "put our values up front," according to the panel discussing new challenges and new roles in the development of seniors' housing.

Bob Hart and Peter Smith agreed on the need to translate basic values into new legislation, strategic planning, and effective action.

But Hart cautioned that as a nation "we cannot undertake any effective strategic planning without cooperation, and the conflicting interests of governments, developers, architects, planners, nonprofit organizations, and local councils must be bridged if the needs of seniors are to be met effectively."

Speaking as a senior himself, Hart said that in the past, seniors had been viewed as a uniform group of politically feeble, dependent people. "Politicians are now discovering that we are knowledgeable, rational, intelligent and have lots of experience, in other words we have a generation of seniors who are independent."

According to Hart, the elderly will become increasingly politicized and more vocal in their demands, as 50% of the electorate will be over 50 years of age by the year 2026.

Pointing out that available government funds are increasingly being directed to the poor and the homeless, Hart said "this is as it should be." This is causing nonprofit agencies to seek ways of compensating for reduced government funding by developing income-generating activities. At the same time developers are entering markets traditionally dominated by nonprofit organizations.

While these developments are resulting in increased competition between the private and nonprofit sectors, Hart pointed to the joint participation of developers and nonprofit organizations in planning, financing and implementing projects as a new dimension in the provision of seniors' housing. Expressing the view that projects initiated and managed by nonprofit organizations are generally more acceptable to older Canadians, Hart said "developers are finding that cooperation with church congregations, service clubs and seniors' clubs is an effective way of providing seniors' accommodation." He also stressed the need for both sectors to cooperate in developing a value system which reflects social, as well as economic, factors in the provision of housing.

Fragmented Approach

At present, "there is a very fragmented approach to the provision of seniors' housing," said Hart. "Most seniors' buildings do not have the potential for eventual conversion to meet the needs of residents as they age," even though "buildings for seniors should be designed to make it possible for 95% of seniors to live there for the rest of their lives."

According to Hart, the average age of people entering residences designed for seniors is 67 years. This means that by the time they reach the age of 70 to 75, they need various services, including dining rooms, to support their needs. Hart questioned the assumption, by many who have spoken at the conference, that "aging in place" only means continuing to live in the family home. He pointed out that it was equally important that specially built residential projects be designed to accommodate future needs, to allow the residents to "age in place."

There is an urgent need for legislation to allow residences designed for seniors to be restricted to seniors, said Hart. The current lack of this assurance means that developers are reluctant to build, organizations are hesitant to sponsor and seniors are reluctant to buy.

In elaborating on the evolving seniors' housing market, Hart said a more versatile product than is yet on the market must be produced. Tremendous opportunities exist for imaginative and creative solutions, and for partnerships between governments, developers and nonprofit organizations to provide affordable housing.

One suggestion Hart made was that church organizations all over the country make land available for seniors' housing, including pilot projects that can meet the needs of both the financially self-sufficient and the poor and homeless.

Hart stressed the need for strategic planning, particularly by local councils, but pointed out that this must be supported by research to gain a better understanding of where we are going and the directions we could take. He went on to make the following suggestions:

- Local councils should undertake planning, including financial planning, for the next 20 years, while helping seniors' housing groups gain access to the services of organizations such as CESO, an association of retired executives. This type of strategic planning should encompass a long-range forecast that decides, for example, that 2% of the land in new suburbs should either be added to school grounds or be set aside as park space for the next 20 years, pending the need to use it for seniors' housing. Other ideas posed by Hart included the eventual conversion of schools to seniors' accommodation; building over the subway cuts; building over large city parking lots; and building onto shopping centres. Without these types of innovation, Hart speculated that many seniors would have to move out of the neighbourhoods they have lived in all their lives;
- Church congregations should be encouraged to demolish some of their churches and rebuild something more appropriate to their needs,

including adding seniors' accommodation to the properties;

- Seniors and the general public should be educated on the full range of options for aging in place. (Hart proposed that conferences should be held in all provinces.);
- CMHC should work with the Canada Employment and Immigration Commission to facilitate seniors' access to student expertise and labour;
- Measures should be adopted to break down barriers to homesharing. (In Hart's last project the 34 units specially designed to facilitate homesharing were the first to sell out.);
- A Canadian Institute of Housing for Seniors should be established, to set qualifications for housing professionals, especially those dealing with seniors' projects.

Gary Santini said the private sector offers a range of housing options for older Canadians, recognizing that seniors are "individuals first and maturing consumers second." Santini invited the audience to view a videotape depicting private sector responses "to the most dynamic demographic force in Canada," a trend the homebuilding industry calls "the seniors' glacier." The four basic approaches are: planned retirement communities, new single-family homes built for energy-efficiency and low maintenance; condominium apartments or townhouses; and congregate care facilities. Suggesting that "retirement housing needs start not at age 65 years, but at age 55," he noted that the proportion of the population aged 55 years and over will increase from 15 to 35% in the course of the next generation.

Expanded Role

The housing industry is also addressing innovative financing mechanisms that will "help seniors flow more easily into retirement." In this regard, the Canadian Home Builders' Association is seriously studying such options as life tenancies, lease for life arrangements, reverse annuity mortgages, and flexible methods of tapping home equity. (Santini made mention of the financing option created by Avondale Housing Co-operative in Surrey, British Columbia, which, as a grassroots financing scheme, should be applauded for its ability to build co-operative housing without government assistance.)

Santini went on to say that governments could help to ensure the affordability of seniors' housing by implementing several measures:

- paying shelter allowances directly to seniors;
- allowing various forms of tax relief, such as removal or deferral of property transfer taxes;
- enacting flexible zoning to allow for homesharing, accessory apartments, and garden suites; and
- promoting increased immigration to counteract an aging population.

In closing, Santini responded to the challenge thrown out by Bob Hart, indicating that he would recommend that his association look to establishing a seniors' council that will work with CMHC and other agencies in fostering "better understanding of the needs of seniors and the requirements of seniors' housing."

To set the stage for his discussion on the challenges that face all who are concerned about housing for seniors, Peter Smith began his remarks with a description of the Regional Municipality of Peel, which includes Mississauga, Brampton and Calendon; has a current population of about 680,000; and during most of the last decade has been the fastest growing municipality in the country.

A relatively new community, which did not have seniors' facilities, nursing homes, etc., in place when it was first formed, the region enjoys a high degree of success in the housing area because of solid strategic planning. This, said Smith, has been combined with "a strong political commitment to providing assisted housing to those who need it most."

Seven senior citizens' projects contain about 700 independent units and range in size from 29 units to 140 units. A variety of support services are provided within these projects, including services for special needs groups, such as ex-psychiatric patients and disabled persons. "These independent quarters have been built in conjunction with existing homes for the aged or nursing homes where we have been partners in their development," said Smith. A type of "campus plan," the homes for the aged and nonprofit housing apartments for seniors are located on the same parcel of land, or in close proximity, so that the support services required by residents of the independent apartments can be delivered with relative ease.

In addition, the region provides 27 different types of support programs for seniors, ranging from Meals-on-Wheels to home support.

The success of Peel's ability to deliver appropriate housing and services to its senior residents is not only due to a strong political will and solid strategic plans. Smith noted that education and outreach — "working with community groups, helping them understand what we would like to see, and learning from them what they think we should be doing" — have also contributed to this success.

The region also places great emphasis on helping nonprofit organizations to deliver housing by providing financial and technical support and management assistance, and in assuming strong advocacy roles in presenting views to the provincial and federal governments.

Quality of Life

In attempting to apply the lessons of Peel's success to the challenges coming out of the conference, Smith emphasized that quality of life must be a key consideration in any seniors' housing project. "We are not talking about putting Grandma somewhere. We have got to get out of the 'putting' business and into the quality of life business. We are not talking about senior citizen's apartments on the outskirts of villages or towns, on the cheapest land we can find, without support services. We are talking about quality housing in existing neighborhoods with (appropriate) support services," commented Smith.

He also urged greater cooperation between public- and private-sector builders, to ensure affordability for all. While the private market should be the principal provider of housing for Canadians, the non-standard market also has a significant role to play in accommodating the less well-to-do.

Conceding that Canada is probably the best-housed nation in the world, Smith said government housing policy must focus on housing or helping to house the "underhoused and the unhoused."

Along the same lines, Smith called for a higher degree of partnership development among government, industry, and community-based nonprofit organizations. Developing partnerships, he added, is "key to how we address future housing issues." Smith further added that such a development means all levels of government must be persuaded to stop viewing the private sector and nonprofit organizations as interest groups and to start viewing them as real partners. Speaking as the President of the Canadian Housing Renewal Association, Smith said "we have to stop seeing ourselves as little groups of different interests across the country, and see ourselves as partners."

Government, particularly at the federal level, should demonstrate strong leadership by reaffirming its commitment to housing in Canada for all Canadians. Smith called for "a continued federal presence in ensuring an adequate, affordable, and appropriate supply of housing for all."

There is also a pressing need, according to Smith, to address "the problem of discrimination in housing in Canada. The right of all Canadians to decent housing should be protected in the Charter of Rights, but Canadians somehow believe that they have the right to choose who lives next to them. Do they? I don't think we have that right."

To dissipate negative community attitudes — the 'not-in-my-backyard' syndrome — Smith said we need to better communicate our attitudes and values to each other. We also need to address head-on such problems as zoning regulations that act as barriers to people's freedom to choose where they live.

Smith suggested that an agenda for action growing out of these various challenges would do the following:

- Ensure access to secure housing as a "fundamental right";
- Foster housing solutions "developed within a broad social and economic context";
- Recognize that "those in need must participate in the development of their own housing solutions — that people who are going to live in it should be involved in the design and management of that housing";
- Develop housing policies and programs based on reliable information;
- Assign non-government community-based organizations a major role in developing housing for seniors and others in need; and
- Recognize that appropriate housing solutions for the elderly involve more than just basic shelter and must, therefore, be developed as part of a broader community concept.

Smith ended by saying that he believes that all levels of government, together with the private sector and community groups, can work in cooperation to try to put these six principles in place.

Questions And Answers

"I have not heard speakers address options for low-income seniors," one delegate commented. Smith agreed with the importance of addressing the housing problems of these seniors, adding that this is being done by municipal nonprofit housing organizations, the cooperative housing sector, and church groups, and that this needs to be reinforced.

Another delegate wondered how to convince the Ontario government to allow people to live where they wish without losing their grants. Smith indicated that in his experience, the Ontario government is now taking much more notice of the needs of community groups, but that some municipalities, who do not want affordable housing, are not supportive. Santini commented that one problem with municipal governments is that they bow to the wishes of a few influential residents and pressure groups. Pointing out that only 12 to 15% of people vote in municipal elections, he suggested that with the growing numbers of seniors in the population, it should be possible to convince municipal governments to allow granny flats or multi-family housing in residential areas if seniors organize to make their wishes known.

Hart was asked whether consideration had been given to letting ethnic groups become involved in the design and construction of housing intended for their use, to avoid their getting something they don't want, can't afford and won't maintain. Hart expressed support for the idea and suggested that it would not seem unreasonable to arrange for retired architects, builders, carpenters, etc., to assist people in developing their housing.

Several examples of housing inappropriate for northern residents were mentioned. Smith agreed that it was important to include the people who will use the housing in its design and management, and to involve community-based groups in the construction of community projects.

Closing Plenary

MAKING THINGS HAPPEN

Moderator:	George Anderson President Canada Mortgage and Housing Corporation
Panelists:	The Honourable Monique Vezina Minister of State for Seniors Ottawa, Ontario
	Michael Geller President Urban Development Institute and President Michael Geller and Associates Ltd. Vancouver, British Columbia
	Betty Havens Provincial Gerontologist Manitoba Department of Health Winnipeg, Manitoba
	Yhetta M. Gold Past-President National Advisory Council on Aging Consultant to One Voice The Canadian Seniors' Network B.G. Housing Consultants Winnipeg, Manitoba
	Shannie Duff Chair, Task Force on Housing Federation of Canadian Municipalities and Deputy Mayor St. John's, Newfoundland

Diversity of Issues

The closing plenary of "Options: Housing for Older Canadians" began with a keynote address by the Honourable Monique Vezina, the federal Minister of State for Seniors, who commented on the diversity of issues that had been addressed during the course of the three days and the interdisciplinary nature of the discussions.

"You have spoken of shared housing and the interdependence that implies, of living close to family and friends, of access to affordable housing, and of the particular situation of the frail elderly. You have examined the choices that can be offered to people who want to grow old in their own homes, the design of living environments, innovations in financing and tenure, and the delivery of services in a rural context." The scale and scope of the discussion, she said, "is dictated by the importance of the choices that we, as a society, will have to make with respect to the entire question of housing seniors."

Vezina identified the most serious challenge facing Canadian seniors today as a prevailing attitude that associates aging with illness, dependency, and disability. "It is a myth," she said, "that older Canadians are a burden to society."

"We do not consider the huge amounts invested in post-secondary education and job creation programs as a burden. Seniors as a group have different needs than students or the unemployed (in particular, in the areas of income security, care, and housing). But these are neither a burden nor an undue expense for our country."

Vezina welcomed the growing cooperation between the housing and health sectors, as witnessed at this conference, and stressed the importance of integrating policies and activities at all levels of government.

She cautioned that implementing many of the ideas discussed at the conference could take time, but promised that, as Minister of State for Seniors, she would give delegates her full support and collaboration.

Facilitative Role

CMHC President George Anderson said the conference had met the Corporation's objective of playing a "facilitative role," by bringing together 700 people, with many backgrounds, to examine the issues and opportunities that will influence the ongoing development of seniors' housing policy. "We're by no means at the end," he said, "but I'm satisfied we're off to a very good start."

Responding to a tendency, in some cases, to juxtapose concern for seniors today with a concern for seniors of the future, Anderson argued that these two concerns are not discrete, they are a continuum. He noted that "government agencies and social service agencies at all levels are providing good, sound support for seniors today. We've got a lot to learn, all of us, but the intention is there and so is the support." Pointing to CMHC involvement in financing 230,000 seniors' dwellings, he said "we wouldn't claim that is a perfect record, or that these units are operating exactly as they should be, but we are making a start and a commitment."

Expressing his hopes, Anderson said, "we are attempting to look forward now so that we can derive some lessons to apply to the present and so that we are not caught, as government policy-makers and politicians often are, having to make choices and decide on expenditures in a crisis."

He predicted that future program and policy initiatives will reflect the need to do the following:

- Coordinate housing, health care and social services;
- Promote independent living to the greatest possible extent;
- Make use of the "tremendous wealth of information and experience that does exist around the world";
- Maintain a key role for the federal government as a coordinator and focal point for different efforts in the field of seniors' housing.

Dispel Myths and Narrow Beliefs

Michael Geller said that effective follow-up in the years following the conference would hinge in large measure on an ability to dispel the "myths, notions, and narrow beliefs" that surround seniors' housing.

He enunciated the kinds of myths and beliefs that can cause us to have a very narrow focus on things: homesharing is not a good idea; the private sector must not become too involved in housing seniors because builders are motivated only by money; nonprofit groups are not effective when it comes to constructing the projects; seniors will not live in high-rises; all seniors want to stay in their own homes; the Abbeyfield concept will never work in Canada. "We have to recognize there is a place for the Abbeyfield concept, for homesharing, for congregate housing, for the private sector; there is a place for nonprofits," said Geller, adding that it will also "become important to blur the lines between different organizations and interests."

But in some cases, it will be necessary to challenge established rules and regulations, including zoning bylaws that can block implementation of key housing concepts, and neighbourhood plans that fail to allow flexibility in combining seniors' housing with family dwellings. The primary objective of zoning, Geller reminded the audience, was "to protect people from what might happen in the neighbourhood." Instead, zoning is preventing people who require various levels of care from continuing to live in residential neighbourhoods. Geller went on to say, "Many of these neighbourhoods do not allow for a mix of housing forms that may appeal to seniors."

Geller called on the Federation of Canadian Municipalities and all those individuals attending the conference to "begin to take a look at those specific zoning regulations in our own communities that will prevent the implementation of some of these new ideas," especially those that prohibit two unrelated people from sharing accommodation.

Ultimately, architectural design and construction practices must change as well, "not just for seniors but for everyone," in ways that will make housing "much more liveable for all of us" while increasing accessibility. In particular, Geller mentioned the concept of universal design, where such items as wall plugs and light switches would be raised and lowered respectively.

Geller noted that in the U.S.A. many nonprofit organizations preferred to build projects without becoming involved with available government programs, whereas in Canada, we have assumed nonprofit projects need government subsidies. "I believe that the nonprofit sector is effective and will become more so, particularly in seniors' housing," he said, "but I do not think it is essential that it will be done with government programs." He also suggested there is great potential in the growing recognition that cooperatives are "simply another form of tenure, just like condominiums."

With a wider range of user needs and more housing options and organizational alternatives available than ever before, Geller predicted that everyone — from the development industry to municipal officials, from decision-makers to the general public — will require "a lot of education" to keep up with the challenges and demands of the seniors' housing market. In addition, he called on all groups to put in place programs of self-regulation, promising that, as President of the Urban Development Institute, he would start such a program for the development industry.

In closing, Geller said: "Let us not leave this conference and go back home with pet ideas and notions. Let us be open to all the new ideas and options discussed here, and let us be open to the joint roles that the public, private, and third sectors can play. I am convinced that we can all help make things happen."

Cooperation Leading to Collaboration

Betty Havens also called for greater use of "collaborative and cooperative mechanisms," given the tremendous involvement "of a breadth of sectors and jurisdictions" in addressing a wide range of issues. Cooperation between different jurisdictions, departments and levels of government is the start, she said, "but let us also move to collaboration."

Havens said it is particularly important that governments, planners, and decision-makers act as enablers of locally and ethnically sensitive solutions, but it will not happen if it is not encouraged.

The key is to involve the experts — the seniors themselves, Havens said. If we are not willing to involve seniors in decisions that relate to planning, site selection, development, maintenance, and management, "then we should not be sitting here, and we needn't bother going home because we won't progress. We absolutely have to recognize that we could not plan in this way for any segment of the population, let alone that segment with more experience in living than any other."

It will be necessary to generate "enabling solutions" through regulation, legislation, standard-setting, and policy-making, Havens said, to address new housing, renovation, retrofitting, and adaptation issues. "The objective would be to initiate the little changes that make such a difference."

Havens also underscored the need for more research on problems in existing housing. One of the reasons that not enough research is being done in this area, she surmised, is that "everybody thinks everybody else is funding it, and everybody thinks everybody else is doing it."

The concept of "moveable homes," which provides for housing to be moved from one town to another as needs change, is one that has been ill-developed and we should do something about, suggested Havens.

Havens predicted that as we move into new areas we are going to face "contradictions in our legislation," particularly at the local level. These could preclude, or seriously stall, obtaining approvals for new approaches. She proposed examining ways of disentangling our legislated regulatory mechanisms in order to eliminate contradictions.

An area in which provinces could help is education, said Havens. This could include professional training and continuing education programs, as well as encouraging seniors' involvement in all stages of developing, retrofitting, and adapting housing, and in tenant organization.

Havens ended by urging participants to "not lose sight of" two groups of "the hard to house." The needs of "the homeless" and "the frail very-old" had been mentioned, but not discussed in depth, at the conference. She suggested these must be agendas for another day.

A Senior's Viewpoint

Yhetta Gold approached the findings of the conference from the standpoint of the senior consumer.

A senior cannot be identified in a generalized statement, said Gold. "We are too many, too diverse, too complicated, and too new to assume that any description will cover any but a few of us. After all, there is no other group in our society that is characterized in 40-year categories, so why try to do it to seniors. We are different from each other in the same way we were different all our lives."

The very fact that CMHC convened this conference is a "significant" statement in itself, said Gold. "They are recognizing that seniors are marketable, and they have invited the marketplace to view us and hear about our potential. Seniors now have a significance to the market, to the housing industry, and to those, such as financial institutions, that will benefit from having a seniors' market."

Gold said that over the past three days she had heard many key words: independence, affordability, choices, sensitivity, aging in place, renters, owners, partners, nonprofit, cooperative, market housing, quality of life, attitudes, coordination, zoning, acceptability, appropriateness, involvement, participation, integration, segregation, support services, flexibility, design, management, communication, and consultation. "Consumers had a lot of questions, many suggestions, and have heard much talk," she noted, "and now what?"

Speaking for herself, Gold said she believes that in order to make things happen, to provide housing options, the following global policies have to be implemented:

- A policy stating that governments, CMHC, non-government organizations, and the housing industry "must be partners to share the responsibility to provide, or to see that provision is made for, shelter for all Canadians," making sure that appropriate designs and processes are put in place to recognize individuals' own strengths and weaknesses. Government should retain the responsibility to intervene on behalf of low-income persons, or to facilitate and help the industry to meet the needs of this group;
- A policy stating that governments and industry "have the responsibility to maintain, or to see to the maintenance of, the housing stock at a standard that will assure that the erosion of housing resources is curtailed" as much as possible;
- A policy whereby the government will undertake, or assure the undertaking of, ongoing research and development in the housing field to maintain information banks as a means of effectively serving the industry and the consumer;
- A policy giving CMHC the responsibility "to distribute information about housing, using whatever media are appropriate to the consumer, inclusive of many languages and styles of presentation;"
- A policy stating that governments have the responsibility "to coordinate the delivery of housing with the various levels of governments, agencies, and departments, who also provide the essential complementary services that comprise proper housing;" and
- A policy stating that governments have the responsibility "to insist that, where issues of concern to seniors are being discussed, seniors will play an integral part in the discussion and decision-making processes."

Gold called on both the housing industry and other actors, including CMHC, to make things happen, "to actively address the needs of the aging population: their shelter preferences, their financial status, their potential." All those involved in the housing of seniors should change any system, as necessary, that seniors say "excludes them as participants, or ignores them as intelligent human beings." The housing, financial and transportation sectors should commit themselves to listening to seniors and providing appropriate responses to what is being said to them.

Gold suggested that the following processes be put in place to facilitate making things happen:

- All planning, development, and construction decisions affecting seniors must involve them in a meaningful way;
- Staff of government departments, agencies, and the industry who are expected to work with seniors should be trained to do so effectively;
- Government personnel, scattered across the country, with responsibility for housing decisions, must have the authority and the local knowledge to work effectively in the communities in which they are placed;
- Communication programs that demonstrate the flexibility of policies and program delivery systems should be offered in the regions, as a way of fostering better understanding of the roles played by all the parties involved in housing;
- Systems to facilitate the adaptation and modification programs should be in place at all times; and
- Research information should be quickly translated into new program needs and then

communicated to the industry, the consumer and all relevant parties.

Gold pointed out that the foregoing processes, which should be designed to make housing more affordable, accessible and appropriate, would require all of us to agree to work together. However, she stressed that for all of this to happen, the political will must exist to ensure that seniors are at the decision-making table and that their housing, coordinated with other services, is recognized as an essential service. Coupled with this political will must be sufficient "visible senior power" that allows seniors to intervene when necessary, "to finally make the point that seniors are going to actively decide about the issues that make up the quality of their lives."

Gold outlined some of the things discussed by seniors in their own caucuses during the conference. They felt there was insufficient time to be heard in formal sessions, but were pleased to have informal opportunities to meet new people and exchange ideas. They felt that regional meetings could be most fruitful in identifying the different needs across Canada and that seniors should organize advisory committees. They felt they would be taken more seriously in the future and that everyone was recognizing that, eventually, the decisions made would affect him/her individually — this was future planning for ourselves.

Gold concluded by posing the question "which of the important role players will be the first to demand action to assure that things happen, that options become available?" Her bet was the seniors themselves.

Shannie Duff conveyed the Federation of Canadian Municipalities' (FCM) support for the objectives of the conference and acknowledged the important role that seniors played in the event. "Their insights are invaluable in our attempts to develop appropriate policies and programs," she said.

The subject matter of the conference has been doubly relevant "not only because it touched on personal concerns and those of organizations we represent, but also because it is an issue that touches all of us in a more personal way as we face the problems of aging loved ones." She related her own experience with her mother, a former university professor with visual and hearing impairments and short-term memory loss, who made a "very courageous" decision to continue living independently. She said, "We've got to stop worrying about the risks" and allow seniors to make their own choices.

Duff recalled a conference on aging in 1966 at which independent living and individual needs were discussed. Since then, seniors have emerged as a "significant political force," and a growing number of Canadians understand the needs of elderly people. "The FCM recognizes that this is the time for action," she said, "we are more than willing to play our part."

The Role of Municipalities

In elaborating on the role that municipalities can play in providing housing options, Duff told the audience that every municipal government must operate within jurisdictional boundaries. She pointed out that both the BNA Act and the 1982 Constitutional Act convey exclusive authority for municipal institutions, property and civil rights to the provinces, which in turn delegate power to municipalities. At present, no Canadian municipality would have the autonomy outlined by the Danish speaker and few would have the ability to provide the "one access point," described by Doug Rapelje, in Niagara. For most the reality is a number of autonomous bodies, in the fields of housing and services, which places heavy reliance on consultation, cooperation and coordination to achieve desired improvements in the quality of life of our citizens. She added that with their precarious tax base, municipalities would require provincial or federal support to increase their level of responsibility in the area of housing.

However, municipalities can play a role in addressing planning bylaws, development regulations, and building codes that have tended to block seniors' housing projects. Duff pointed out that the FCM has already embarked on a program of regulatory reform, with the aim of establishing a regulatory environment, at the municipal level, that would promote the construction and conversion of appropriate and affordable housing.

A number of municipalities have already introduced bylaw changes to pave the way for new projects. For example, the city of St. John's, Newfoundland, uses conditional uses and contract zoning to allow home occupations, conversion, intensification, infill, and group homes in most residential zones. Other municipalities, Duff said, have made other regulatory amendments and attempted to streamline the approvals process.

Although municipalities have a "vested interest" in bringing about appropriate regulatory changes, Duff said that municipal regulations were put in place as protective measures for which there is strong public support. Change will come most easily when it can be clearly demonstrated that it will be in the public interest and will not jeopardize the legitimate rights of ratepayers, she said. "Some regulations may have become barriers to freedom of choice, but their purpose is to protect neighbourhood stability, property values, and the quality of life." Duff commented that often the strongest advocates for retaining regulations are seniors themselves.

Duff pointed out that zoning controls property and not occupants. People in a neighbourhood may be willing to accept rezoning options, such as intensification and accessory apartments, if they could be sure that the rezoned property will be used only by elderly people. However, they may be less willing if they fear the possibility of its use by transients, or students, who may be noisy. Duff suggested "we have to find a way to facilitate acceptable uses without opening the barn door completely."

Duff identified ways in which municipalities could facilitate the provision of more appropriate external environments for seniors. Her suggestions included better snow clearing and street lighting, improved signage, barrier-free sidewalks and public spaces, improved police protection, and open spaces, roads and subdivisions designed to be more people-oriented. "Knowledge of what can be and has been done in other communities, to create a friendly exterior environment, is the first step on the road to change," she said.

In addition, the approval process can be streamlined to ensure there are no unnecessary and costly delays, yet still safeguard the quality of life of the prospective users. Duff pointed out, however, that "many delays in the approval process are caused by developers who submit incomplete information with their applications or who request exceptions or variances which require public consultations."

Duff said other municipal options include land banking for advocacy groups or NGOs, direct provision of units for those in core need, research in the area of needs assessment, and the inclusion of special support services within the context of existing social and recreation programs.

Acknowledging the important role of municipalities in addressing seniors' housing issues, Duff indicated that, despite the challenges of scarce resources and often conflicting interests, municipalities can do more and are willing to do more than they are currently doing.

Duff concluded by stressing how critical seniors' input would be to the process of public education and consultation. She promised "your municipal government will welcome your experience, your help and your support, as they move with you toward making things happen."

Following the presentations, speakers from the floor reinforced many of the views expressed by the panelists, including the need for greater senior involvement in the decision-making processes; the need to address issues of affordability; the need to recognize the diversity and individual needs of seniors; and the need to assure that follow-up actions are taken so that the interest and momentum generated by the conference are not lost.

In closing the final session, George Anderson promised delegates that CMHC would distribute proceedings of the conference. He also made a commitment that CMHC would work with the Conference Advisory Committee to ensure follow-up and provide opportunities for consultation and input, on a regional basis, with active involvement by seniors.

INTERNATIONAL SHOWCASE: NETHERLANDS

Presenter: Frank van Nimwegen
Executive Manager, Steering Group
Experimental Projects in Housing in the Netherlands
Rotterdam, the Netherlands

The Netherlands leads the world in the percentage of residents over 65 who live in institutions, noted van Nimwegen, and both the government and seniors' organizations want to change that situation. Until recently, attention had focused on building institutions of various kinds; little heed was paid to the needs of seniors who lived independently. Extensive consultations with seniors and service organizations led to a decision to direct efforts at helping those who were living independently to remain independent.

The "Housing for the Elderly" program recently established to address this problem deals with two main issues, said van Nimwegen. One is the need to adapt current housing stock to the elderly's changing requirements. As an example, he explained that many people live in four-storey apartment buildings with no elevators. When climbing the stairs became too difficult, many seniors were forced to leave their neighbourhoods, and choose situations that provided many services that they did not yet require.

The second issue, van Nimwegen said, is to "find new forms of support and services to help people to age in place." The emphasis is on projects that meet the daily needs of elderly people, that improve access to services, that provide 24-hour emergency response systems, or that introduce services currently unavailable — household repairs, shopping, walking the dog. Projects that include coordination of different agencies' work are also favoured.

While noting that Canada and the Netherlands have many things in common, van Nimwegen added that there are important differences between the two. "Canada has 24 million people in an enormous country. We have 15 million people in an area roughly the same as Newfoundland." While the majority of Canadian housing is owner-occupied, the Netherlands figure is only 45%, and rental social housing makes up 40% of the total stock.

In contrast to Canada's many large single dwellings, in the Netherlands 30 to 40% of the population lives in multi-storey apartment buildings. Also, "it is practically impossible to get evicted once you have rented a home and rent increases are severely controlled by law," said van Nimwegen. "Maybe that explains why being a tenant is a little more popular in the Netherlands."

He commented that Canada could learn from the Netherlands about building an infrastructure for community-based service centres. Yet the Netherlands can also learn from Canada about dealing with elderly homeowners and providing transportation services, particularly for rural areas.

At this time, 22% of the Netherlands population is over 55, said van Nimwegen; by 2010 the figure will reach 28%, and by 2035 it will escalate to 35%. The current over-80 population is 2.7%, almost all living in institutions; in 2010 about 3.5% will be in that category, and 5.4% by 2035. About 10% of those over 65 now live in institutions: 8% in rest homes and 2% in nursing homes.

Turning to a description of the housing stock, he noted that although 55% of housing is rented, on average, among people aged 65 to 75, the figure rises to 66%. After age 75, about 73% rent their housing. Research has confirmed that many older homeowners move into rental dwellings, where they pay an average rent of $230 a month, or about 20% of their incomes.

More than 30% of people over 65 ask for some type of special services. About 1100 non-profit housing associations own about 2 million rental units, and 40% of their tenants are over age 55.

The Ministry of Social Services subsidizes 250 home-making agencies with over 40,000 employees, 75% of whose clients are over 65. Service users currently pay a nominal fee, but costs are rising. In addition, there are 1500 organizations whose 10,000 employees provide home nursing care.

Most housing associations and homecare organizations service only their own membership, so it is necessary to join in order to obtain a dwelling or nursing help. Funding comes mainly from the National Health Insurance Program.

There is a government policy, van Nimwegen said, to stimulate social network care, providing the day-to-day services that help people stay in their own homes. There are also coordinating agencies, subsidized by municipalities, to synchronize the work of various organizations. Seniors have established three national unions (Catholic, Protestant and neutral) with about 400,000 members; "together they form a platform and it is a strong political lobby group," added van Nimwegen.

Having provided some background on the Netherlands situation, van Nimwegen said, "I want to talk about some issues, developments and projects we are working on."

Staying independent is a very important issue for elderly people, he said, because it means they have options. Housing and services are provided by different organizations in the Netherlands, so that living in a building does not oblige a person to accept unneeded services. Compulsory service provision is an undesirable situation, in van Nimwegen's view, as is a system where the same agency funds services, provides them and decides who will receive them.

"Our objective is to separate these three functions," he said. Funds for service should come from one source, but entitlement should be determined by an independent organization, and the service client, once approved, should be able to choose from a number of service providers.

This vision has not yet become a reality in the Netherlands, however. An experiment is underway in Amsterdam called "individual care subsidies with neighbourhood-based budget." A neighbourhood organization receives a grant of 75% of the cost of nursing home care for each individual in the program. The agency serves a broker function, determining in cooperation with the individual how the money can best be spent to provide home care services. If the experiment is successful, van Nimwegen said, the system may be applied on a wider scale.

"There is another experiment which is very extreme," he added. An individual who is deemed eligible for help by an independent agency receives a grant to be spent as he or she chooses. "The general idea behind this experiment... is that the individual has a right to care; a right to make money work for him/her." In van Nimwegen's opinion, this approach demands too much of some seniors, who may not be able to cope with the complications of hiring people to provide the services they need.

Another important issue is the need to integrate seniors' facilities and services with those offered to the general population, so that seniors do not feel singled out and dependent. Citing the example of his 75-year-old mother who prefers to rely on an umbrella rather than a cane for support, van Nimwegen explained that it is important for seniors to retain a sense of independence. By integrating care facilities for the elderly into general care facilities, the government is reducing the subsidization of institutions. It is hoped that the proportion of seniors in institutions can be reduced to 7%, although the increasing number of people over 80 years old may make this difficult.

The money redirected from institutional care is used to subsidize a number of activities — volunteer groups such as telephone circles, housing adaptation and new housing for the elderly, exercise programs, and neighbourhood service centres. Existing institutions are also encouraged to provide their services to other residents of the neighbourhood. There is a feeling that the direction to go is community-based service centres which provide services for everybody, not just the elderly. There are about 200 of these centres, said Van Nimwegen, and the number is growing rapidly.

Coordination is a problem in the Netherlands, said van Nimwegen, as it is everywhere. "But we have an answer to that," he added, "it is not perfect but I think it is going in the right direction." Government budgets are being decentralized to the municipal level, where the best decisions can be made on how to allocate funds. "The problem is that sometimes you need a global view...to know what is important and what is not, and which developments you have to support."

To deal with the cost of services, the Netherlands is turning to private insurance schemes that provide either money or home-making services in case of illness or disability. They are not yet widespread, but the possibility exists of the housing or home-nursing organizations arranging group policies for their members. Van Nimwegen foresaw a likely market in Baby Boomers, who will be willing to pay for guaranteed independence in their old age.

On the issue of social networks, van Nimwegen commented that they are adversely affected by the growing mobility of populations everywhere. Volunteers will become harder to find, and people do not like to be dependent on a stranger. Van Nimwegen suggested that purchasing insurance may be the preferred option.

Touching on the need for research into seniors' preferences, he remarked that the best way to find out what they want is to present seniors with realistic options, ensuring that they become aware of the choices available.

To deal with the problem of stairs in low-rise apartment buildings, the Netherlands government has a program called "Elevators Make Life Easier." Installing elevators in existing buildings is normally very expensive, said van Nimwegen . The government is experimenting with ways to lower these costs and still provide elevator service adequate for seniors' needs. Forty elevators were to be built in 1988 and up to 100 in 1989; five to ten thousand would be required to completely meet current needs. Once the experimental program has succeeded in lowering elevator prices by 50%, the commercial marketplace is expected to take over the function.

Another experimental program underway is the design of "adaptable housing" — new dwellings that can be inexpensively adapted, if necessary, for handicapped people at a later time. After some research and experimentation, the government has found that simple design changes will allow adaptable housing to be built at no extra cost. "Our program now includes 40 projects," said van Nimwegen.

Questions And Answers

A delegate asked whether the Netherlands offered housing with support services in the same facility. Van Nimwegen replied that the range of options is getting wider, and many forms of housing combine living space with services. The services remain optional, however; contracts are set up with various service providers. For example, a residential building may also contain a community-based service centre offering medical or recreational facilities. In other cases, a service centre may be surrounded by satellite dwellings for the elderly.

INTERNATIONAL SHOWCASE: UNITED STATES

Presenter: Leah Dobkin
Housing Specialist
American Association of Retired Persons
Washington, D.C.

Despite the fact that the seniors' housing industry in the U.S.A. is best described as haphazard and key statistical data are unavailable, Dobkin said, "there is enormous creativity relating to specific seniors' housing projects, finance, and service delivery." She went on to describe some of the current activities and their financing structures.

Her first example was limited equity and mobile home park cooperatives, which she considered two very promising options because they offer seniors control over costs and stable housing. In a limited equity co-op, residents set up a nonprofit corporation whose bylaws put a cap on the selling price of each housing unit. They control the management of the corporation, thus stabilizing their housing situation and emphasizing that affordable housing is a right, not a privilege.

In California, mobile home owners are being helped to form co-ops that buy their park site when rising land values entice the landowner to sell the property. This protects the homeowners from rising rents or a forced move off the site.

Dobkin described an intergenerational limited equity co-op in Madison, Wisconsin, that involved both rehabilitation and new construction. Its 28 units house both seniors and young families who give each other mutual support. Another co-op in Minneapolis is a 223-unit age-segregated, multi-type building run by its residents. Lancaster, Pennsylvania, is the site of a co-op organized when a HUD project began to founder.

The United States, Dobkin said, has problems both in building affordable housing and keeping the current housing stock financially accessible. Mortgage pre-payments, expiring rent subsidy certificates, and defaults are all creating difficulties. Converting current subsidized facilities into elder cooperatives has enormous potential, given the threat of losing between 500 thousand and one million affordable units by 1991.

Elder co-ops are financed through the Caplan Cooperative Development Fund, administered by the National Cooperative Business Foundation. "It is a low-interest revolving fund that provides seed money for capital for housing development as well as the service component of these elder cooperatives," said Dobkin.

Adapt-and-reuse is another interesting concept, Dobkin noted, which involves mixed-use and congregate housing models. She described a congregate housing facility in Dayton, Ohio, adapted from a hotel, where the meal service was made available to both the elderly residents and the entire neighbourhood. This approach helps to avoid the hostility that can arise when services that are available to project occupants are not available to other seniors in the neighbourhood.

Another project in Virginia consists of a surplus elementary school converted into 22 efficiency units with intergenerational emphasis. There are two child-care centres and one adult day-care centre in the facility, which (like the Ohio example) made the building more acceptable to the whole community. There are a lot of schools being converted to seniors' housing, said Dobkin, which, considering demographic trends, makes a lot of sense.

These adapt-and-reuse projects are financed through a patchwork approach, using sources such as local and state tax-exempt bonds, tax credits, foundation grants, community development block grants, housing block rent money, general revenue at the local and state level, or housing trust funds. Even employment program funds have been tapped by hiring older residents to provide services. "It takes a lot of tenacity," Dobkin commented, "to make these projects actually affordable for middle and moderate income people, which is the forgotten market in both the U.S.A. and Canada."

Dobkin then turned to a discussion of assisted living — also called board and care, foster care, residential care, domiciliary care, sheltered housing, supportive housing and enriched housing. She described it as a housing-service package: meals, housekeeping, transportation, recreation, and some protective supervision of the frail elderly. This type of seniors' housing has become popular in the last year, she said; it is considered by some to be a more non-discretionary move than congregate housing, and thus quicker to rent-up for developers. She herself questioned the concept of non-discretionary moves, but acknowledged that we currently lack the experience to determine if it is the case.

One example of this type of facility is "Milestone" in Portland, Oregon, which consists of private apartments whose residents enjoy a variety of services including some medical care. The success of the project has prompted its developer to encourage the Oregon legislature to allow more medical services in residential settings. Dobkin believes that "the nursing home industry is going to change radically, because the intermediate care facility will become much more residential due to improved technology and skills and the institutional level may completely disappear." Florida and California, she noted, have passed regulations allowing medical-level services in residential settings and increasing the reimbursement rate.

In 47 states the services provided in this type of project are financed by supplementing the basic social security income payments, although operators say their costs are not being fully covered. Congress is discussing the idea of adding a federal payment to the current supplement.

Assisted living, or board-and-care homes, are sometimes funded through the American Medicare Program. States may use medicare funds for community-based care if they can prove the cost is lower than that of nursing home care. Medicare funds allocated to personal care services are also tapped for these projects.

In other cases, state governments have allocated general revenue funds to the provision of supportive housing to make up for reductions in HUD funds. HUD does still provide a mortgage insurance program, however, for facilities that have five or more bedrooms. A 1985 amendment allows rent subsidy certificates to be used for assisted living or group residences, Dobkin remarked, but few people have heard of the program.

Market rate housing is targeted at the top 15% of the market, Dobkin said, noting that the low-income senior has to be very persistent to get assistance. Market rate facilities charging from $1500 to $2700 a month offer little or no financial advantage over nursing homes.

Recalling an experience with one project, where she had difficulties opening doors and operating a whirlpool, Dobkin stressed that the goal of assisted living is de-institutionalization and that good design features are critical in enabling people to maximize their independence by exercising their will and providing for privacy.

She described a seniors' community in Maryland called "Heritage Harbour," whose residents surveyed the whole community to assess their growing needs for housekeepers and help with shopping and meal preparation. They negotiated contracts to provide the identified services and hired a private case-manager to help.

In Clark's County, Maryland, said Dobkin, a developer is building a seniors' housing facility and is also starting a home modification service. Those who do not want to move into the facility may wish to have their homes modified so that they can age in place. "We really need to beef up information about this new market for contractors," said Dobkin," and there is a lot of distrust of contractors among consumers."

Another American trend, she added, is designing retirement communities on vacant land in university and college campuses. These rental life-care or congregate housing facilities are appealing because of their educational, employment and cultural opportunities.

Continuing Care Retirement Communities (CCRCs) are also of interest, Dobkin said, because of their service packages, refundable deposits, and equity possibilities. There are more flexible housing-service packages being developed now and consequently they are attracting more older consumers and meeting less resistance.

Another trend in retirement housing focuses on the phrase "small is beautiful." Small facilities that offer services, infill housing, scattered site facilities (where you might have five congregate houses in different locations, totalling 100 units, sharing service staff) are becoming increasingly popular. Developers are using both long-term insurance funds and equity financing from residents to help finance projects.

"There are so many good examples of shared housing in the U.S.A.," Dobkin commented. There are over 400 programs, (about 200 match-up programs and 200 group residences). In 1987, these programs produced 8000 units of housing, and 43% of the home sharers had incomes of $10,000 or less, according to a recent survey by the National Share Housing Centre. This shows that shared housing is a very effective way of increasing the supply of affordable housing.

Dobkin gave two examples of accessory apartment programs. In Columbia, South Carolina, HUD community development block funding and section A rent subsidies were used to help people convert parts of their homes into accessory apartments, including assistance with the approval process. In California, the state instituted a zoning override provision to ensure that accessory apartments were legal in single-family neighbourhoods under certain conditions. One project (begun pursuant to this) failed because of an overly complicated approval process; another was very successful because the city streamlined the approval process.

Dobkin spoke of the desperate need in both our countries for transitional supportive housing, in order to facilitate discharge from hospital for older people who live alone. Stroke victims, in particular, need a therapy and confidence-building period of care: if they enter a nursing home they become passive and cannot regain their independence as their health improves. Transitional care would "help them realize the kind of skills and talents they have to maintain their independence after a recuperative period," said Dobkin.

People with unstable housing conditions for a variety of reasons also need transitional housing to relieve the pressure they face until they find permanent housing. "And last," she said, "there is a desperate need for respite care" which could also be provided by the transitional housing centres.

Questions and Answers

Questioned about the ability of seniors who have bought into a retirement community to maintain a seniors-only status, Dobkin said that it was her understanding that a bill recently passed by Congress provides for age-segregated housing.

INTERNATIONAL SHOWCASE: DENMARK

Presenter: Bente Lindstrom
School of Architecture
Aarlus, Denmark

"During the last ten years we in Denmark have changed our view of the elderly," Bente Lindstrom began. She explained that in the past, after retirement people lived an 'invisible life,' and the central or local government noticed them only when they were unable to care for themselves any longer. At that point, they were placed in nursing or old people's homes.

The Latter Third of Our Lives

"Now we look at the whole generation of old people and ask ourselves — how do we want to spend the latter third of our whole lifetime?" Lindstrom said. "How can we design environments in which old people can live a good life, where they have meaningful jobs, use their talents and resources in local activities in the community, taking care of their neighbours, each other and themselves?"

Efforts are being made, she said, to remove the barriers preventing old people from living active lives. These efforts include building houses that better fit the needs of old people, establishing activity centres to encourage socialization and giving old people the right to share in planning the development of their community. The premise underlying this approach is that prevention is better than cure — people who are able to make decisions and take care of themselves will require less help as they age.

The frail elderly will clearly still require care, and "the aim in Denmark is that old people should experience a life of continuity and have the option of staying in the environment they are used to, living in their own homes no matter what their condition of health may be," she added.

The last few years have seen the development of a mobile staff of home-helpers and nurses in every community, Lindstrom said. They provide whatever level of help an individual needs, from housework to 24-hour nursing care. Most communities also have service and nursing centres where the elderly can go for care and rehabilitation services. "Small groups of houses for the old and disabled are often built in close contact with these centres," she remarked.

Barriers Between Sectors

Noting that barriers between different planning sectors have to be eliminated in order to coordinate efforts in the fields of social development, town planning and housing, Lindstrom acknowledged that the gains achieved in Denmark have not come easily. She attributed the country's achievements to several factors:

- Clearly formulated goals and policies;
- Information campaigns to stimulate new attitudes toward the elderly;
- The availability of funds for research and experimental projects in local communities all over the country.

"These years of experimenting have now resulted in new legislation securing standards of housing, servicing and nursing for the elderly," she said.

Lindstrom then showed slides of environmental designs for the elderly that have been developed in her country:

- A service and activity centre situated right in the centre of the community close to the shopping centre, with facilities for reading, eating, social activities, exercise, learning and rehabilitation. Everyone can use the centre, young and old;

- A high-density, low-rise suburban housing area with units for both young and old people. The resident pictured had a typical unit of 67 sq.m. with a living room, kitchen, bedroom, bathroom, foyer and small garden. The housing area also had common rooms for social gatherings;
- A group of owner-occupied and rental apartments set in parkland and reserved for the elderly. The housing area also contains a service centre;
- An estate development in Copenhagen where a group of old women who wanted to live together and help each other, finally succeed in obtaining their own apartments, grouped around a central stairway and a common room on the ground floor where they meet, cook and eat together;
- A former merchant's house converted to a housing complex for 24 seniors, who have individual apartments and a common room for social activities. Home-helper and nursing services are available;
- A renovated apartment building where an elevator and additional bathrooms and common rooms have been installed. (It is estimated that 100,000 residents of Denmark are apartment-bound because they cannot manage the stairs.);
- An electronic house, in a housing exhibition, that enables the disabled to check the front door, open windows, raise the kitchen table, and so on. Nursing staff at this service centre can also check the residents' welfare by TV camera, adding to a feeling of security;
- An apartment for the frail elderly, who can eat in a nearby service centre or have meals served in their own unit;
- A nursing home with a well-lit central room, and individual units containing a bedroom, bathroom and balcony.

Lindstrom explained that nursing homes are no longer being built because most people prefer to stay in their own homes.

She concluded her presentation with the words, "What about the future? I dream about more stimulating rooms, more beautiful rooms, rooms for experimenting, love and care. I would like to make aging beautiful. Let us unite in this effort!"

INTERNATIONAL SHOWCASE: UNITED KINGDOM

Presenter: Dr. Anthea Tinker
Director
Age Concern, Institute of Gerentology
Kings College, University of London
London, England

Dr. Anthea Tinker began her presentation with a summary of the current trends in seniors' housing in the United Kingdom. "Over 50% of the elderly in the U.K. own and occupy their dwellings, and there has been a dramatic increase in owner occupation," she said. The trend has been accelerated by the government's policy of privatizing council housing stock, except for sheltered housing and specially designed facilities for the disabled. As a result, low-cost rental housing is becoming scarce, creating problems for people in the council sector.

"The mix of tenure is also increasing," Tinker noted. She cited two current arrangements for providing sheltered housing: lease-hold, where the individual buys 70% of the property and receives a government subsidy for the other 30%; and shared ownership, where people lacking funds to buy their unit can purchase part of it and rent the remainder. Despite these options and the reduction in low-quality private rental accommodation, Tinker commented that persons in below-standard housing often prefer to stay there, rather than move to better homes.

The number of government-subsidized housing associations run by nonprofit organizations is growing rapidly, but Tinker expressed a concern that government pressure for increased private-sector involvement will drive up rents, once again adding to the housing problems of low-income seniors.

The number of elderly people living alone continues to increase. Currently 30% live alone, 50% live with their spouses, and 20% live with other relatives. While maintaining the elderly person's independence, living alone makes a senior very vulnerable, especially in an emergency. One of the challenges, Tinker said, is to find an effective way of enabling people living alone to contact someone in an emergency.

Incentives to Move

Because of a lack of new construction and increasing demand for housing, many seniors are encouraged to leave their homes. In some case, financial incentives are offered, but moving costs may not be paid. Grants to help defray house repair costs are available, but the application procedure is complicated and they are not well targeted to low-income people, though this will be rectified in the future.

The agency services that local authorities, housing associates and the volunteer sector are now offering are carried out by teams made up of technical and advisory personnel. These teams visit elderly people's homes to question them about their needs, advise them about their options and help them through the whole process of obtaining estimates and dealing with builders. Even with this help, many elderly people don't want to get involved. A good thing about the new grant system is that it will allow people to have specific repairs such as rewiring done, rather than having to bring the whole property up to a higher standard, as is currently required.

Tinker described herself as a "living example" of persons (such as clergy, caretakers, and police officers) who live in "tied accommodation." Their homes are made available as a benefit of employment, but if they leave or lose their jobs they also lose their homes. "That is a problem a lot of people face in the U.K., and a very severe one," she said. She also noted that some seniors are homeless, live in hostels, or are provided with low-quality public housing.

Help with Special Needs

Little is known, Tinker said, about the housing preferences of the elderly in minority ethnic groups, though there is some evidence of a demand for special sheltered housing with extra-ventilated kitchens or segregated communal rooms for men and women. The desire of some seniors to return to cultural housing patterns has not been addressed.

Tinker described several "interesting schemes in new sheltered housing." One example was the conversion of a whole street, occupied by ethnic minorities in small individual units, into a "kind of social sheltered housing" with communal facilities.

"Staying-at-home policies is an area where the U.K. probably has the most to offer," she said. She cited the provision of generous home repair grants, the previously mentioned agency services, alarm systems, and telephones as particularly helpful. Reassurance programs, where the elderly receive phone calls at prearranged times, are highly popular and successful and are often run by elderly or disabled people.

On the subject of raising income from a home, Tinker commented that the United States is ahead of the U.K. on the provision of reverse mortgage schemes. This is seen as a good way to provide income in old age. "People in the U.K. are very reluctant to put themselves into debt; they want to leave their home to their children," she explained. "However, we are beginning to persuade people to take out reverse mortgages."

The United Kingdom is more successful in devising schemes to provide the elderly with help for personal domestic tasks, such as paying a neighbour to do them. Unfortunately, many of these approaches "are dependent on low-paid women, and whether these programs will continue to exist is very doubtful."

Tinker emphasized the need for care strategies to be tailored to the individual needs of seniors. She described a "Community Care Project," in which a social worker receives a budget of eighty pounds a week for each senior (two thirds the cost of keeping someone in residential care), to be spent however the senior and the social worker choose. For example, they can purchase home help from a service agency or they can pay a neighbour. The freedom to manage this budget individually has proven to lessen the individual's likelihood of requiring residential care.

To Move or Not to Move

Research shows, Tinker said, that the elderly people who move tend to be owner-occupiers without families. The husband usually dies within two or three years, leaving a wife who often cannot drive or manage in other ways and who thus requires social service assistance. She noted that the Department of the Environment has just produced a booklet called *"Your Home and Retirement"* containing 40 pages of much-needed advice.

Tinker stressed that many seniors just want smaller accommodation. She indicated that some local authorities are building granny flats into existing homes. They are very successful where you manage to get two related people — the host family and the elderly relative — together, she commented.

Problems can arise if the family moves, or granny dies, and the other resident must live with a non-relative. Privately built units, in particular, are proving popular.

Sheltered Housing Options

"Sheltered housing...provides good independent living but there are a lot of problems," Tinker said. Most such housing is not designed for the frail elderly, for example, but bringing in extra care may help. Non-self-contained hostel accommodation is widely available and heavily subsidized, "but there are a lot of question marks over this." There is considerable evidence that a lot of seniors who are in residential care don't want to be, and that many occupants want more private space. The number of private residential care and nursing homes is escalating, Tinker said, because income support subsidies are available; few nursing homes operate through the Health Service.

Tinker concluded by citing some particular problems still to be addressed. The question of whether to put confused elderly people into extra-care housing or leave them at home was one example. Another concern is how to link housing and social services. It has been proposed that social service authorities be given considerable power and funding to determine the level of support the elderly will receive. Some joint funding arrangements, where support costs for an individual can be transferred to different agencies, seem to be very successful.

Questions and Answers

Asked whether people are buying their council homes voluntarily, Tinker replied that all tenants have the right to buy their own homes at a discount, and are doing so because they are affordable and a good investment. However, the policy is reducing the stock of subsidized housing.

Regarding the financing of granny flats, she explained that both public and private financing are used. Units built on public housing sites are paid for by the municipality and rented to the tenant, while private homeowners pay the cost of construction on their property.

A delegate asked about the cause of the inertia that some seniors display. Many very elderly people feel they "just can't bear the hassle" of having their homes repaired, said Tinker. "So perhaps the answer is to get people to improve their homes earlier in life."

Satya Brink asked Tinker to discuss the pros and cons of using public versus private capital to care for the elderly. Results of a reliance on the private sector appear to have been mixed, said Tinker, but the situation has not been well researched. "One suspects that there is a lot of hidden poverty. We know that a lot of people cannot afford existing housing and there is concern that increasing use of private finance by the housing associations will lead to higher rents."

Questioned about the income levels of the elderly, Tinker said there are fewer elderly people in the low-income quartile than there were five years ago. The figure is affected, however, by the growing number of unemployed or low-income young people. Although there is evidence that increased home ownership and pensions for woman are raising the average income of seniors, many still live in poverty.

Describing the problem of American tenants of public housing who are forced to leave when their children turn 18, a delegate asked about rental tenure in England. British tenants have very secure rights, replied Tinker; even private-sector tenants are almost guaranteed unlimited tenure. This is one reason why the private rental market has declined.

Tinker was asked to elaborate on the "Community Care Project," where social workers control budgets for their clients. The approach is still only used on a small scale, said Tinker; in Kent, 100 people participated in the experiment. Weekly budgets are around eighty pounds per person. More widespread is the decentralization of budgets to local service authorities, known as "patch teams." However, some social workers are experiencing difficulty in learning how to manage their budgets.

Asked whether the United Kingdom is moving towards reducing the security of rental tenure, Tinker replied in the negative. Landlords' profits must come from charging higher rents. She added that housing associations are financed either by charities or by the government, through housing corporations that have loan or grant funds.

A questioner inquired about the difference between the levels of care provided in very sheltered housing and in residential care. The care levels in sheltered housing vary enormously, Tinker replied, so there is no standard answer. The major difference is that residents of sheltered housing have self-contained units, whereas residential care facilities provide shared bedrooms and very little freedom.

In response to a question about subsidized accommodation for single women aged 55 to 65, Tinker commented that there are no special programs directed at this group — the concern is for people of pensionable age.

A delegate asked Tinker to comment on neighbourhood concerns that granny flats might be rented out to undesirable tenants if granny vacates the flat. She had no research on it, Tinker replied, but she doubted that people with granny flats would want to rent to undesirables either.

Responding to a question about alarm systems, Tinker explained that it is no good just installing an alarm for someone who is frail, that they need other services as well. It is preferable to have a backup system with 24-hour coverage.

A delegate remarked that informal care networks seem to be on the upsurge and asked if research showed the same phenomenon in the United Kingdom. Research shows that informal networks are still very strong, Tinker replied, but this phenomenon has always been prevalent in the United Kingdom. There are even government programs giving support to informal care arrangements.

Noting that the Ontario government's reaction to the British Community Care Project was that it would not work in Ontario, a delegate asked for Tinker's views. She replied that the approach has proved successful and replication of results was no problem.

In regard to the use of poorly paid women to provide homecare services, she commented that most jobs done by women were poorly paid. Lacking better alternatives, women will continue to accept these jobs and the services will be provided.

INTERNATIONAL SHOWCASE: SWEDEN

Presenter: Karin Lidmar
Principal Architect and Researcher
Bastedslaget AB
Stockholm, Sweden

Because of the country's high standards of housing, elderly residents of Sweden can live quite comfortably in their homes until they become ill or disabled. Until recently, the frail elderly were cared for in institutions; now, because the value of independent living has been recognized, housing policy for the elderly focuses on helping those aged 80 and over to maintain their independence.

The two goals of the housing policy are "normalization and self-determination," Lidmar said. They reflect the underlying principles that everyone "has a right to a dwelling where freedom and integrity are protected...a dwelling with good accessibility and good standards of space and equipment." In addition, those who need help with daily living and occasional medical care have a right to obtain these services in their own homes.

These principles, though admirable, create difficulties for local housing authorities because good-quality housing stock suitable for elderly residents must be substituted for existing institutional facilities.

One approach to achieving this goal is, of course, to renovate existing homes and apartment buildings, said Lidmar. Low-interest government loans are provided to facilitate renovations, and there is considerable activity in this area. As renovation guidelines are rather vague, the results are sometimes disappointing, however: accessibility may be poor, bathrooms too narrow, or elevators lacking.

Subsidies available to individual pensioners or disabled persons help to pay for special adaptations such as widening doors, replacing bathtubs with walk-in showers, and refitting kitchens.

New construction also plays an extensive role in housing the frail elderly, said Lidmar. As the Swedish housing guidelines, though detailed, do not cover the requirements of the handicapped, there is a great need for this information. The problem is exacerbated by the fact that local authorities, legally responsible for providing housing and social care, do not always have the expertise needed to ensure that developers include the required adaptations.

Part of Lidmar's role is to help local authorities ensure that new construction is properly designed and executed. "I know that you can, with a little care in planning, make a very accessible apartment within the same area as ordinary dwellings that do not have these qualities," she said. To illustrate the point, she showed slides of an apartment with spacious rooms and a kitchen with accessible equipment, built at no extra cost.

A program to construct group dwellings has also been established for those who need more support or medical care, Lidmar said. One group in particular, those suffering from dementia, have been hidden in old-age homes, long-term care institutions or mental hospitals. Their needs are greatest, she said, and plans call for 500 groups of dwellings to be built over the next four or five years.

Group dwellings have been built over the last five years with mixed success, Lidmar noted. She has been asked to design such buildings herself; one such request, to remodel an existing old-age home, was a particularly difficult challenge. When her first recommendation, to demolish the building and replace it with a modern facility, was rejected for political reasons, she finally suggested that the building be merely redecorated, pending a future decision, and that a row of small, modern dwellings be built nearby.

Lidmar next described another project she had undertaken: the updating of a turn-of-the-century private nursing home. The original building was augmented with five clusters of dwellings, each housing six patients, who shared common facilities for cooking, dining, laundry and socialization. The units had wheelchair entrances, kitchenettes and separate sitting and bedrooms: each opened onto the courtyard. This particular project was designed for psychiatric patients, said Lidmar, but a similar model can be used for people who are suffering from dementia.

The nursing home operator and Lidmar shared a belief in the beneficial effects of good architecture on the facility's residents. "A house that not only functions well but also looks well affects people a lot more than an ugly or dull house does; it encourages the person to do his utmost in the activities asked for," she commented.

Turning to another example, Lidmar described an activity centre she designed for a small village in a rural area of Sweden where 40% of the population was over 65. Although the building was designed to blend with the traditional architecture of the region, Lidmar nevertheless wanted it to be noticeable, to welcome people to the activities provided. The building has a large room for dining and social activities, a kitchen, a more intimate living room, and two smaller rooms for carpentry, weaving and knitting. The seniors initiate the social activities, but the local authorities provide meal preparation and support services.

The new building was added to some existing apartments that were also remodelled to make them more attractive. Despite the residents' early hesitation about the new facility, it has become very popular and is extensively used for a variety of activities. The building exemplifies, said Lidmar, the importance of considering quality as well as quantity in the construction of housing for the elderly.

INTERNATIONAL SHOWCASE: AUSTRALIA

Presenter: Gillian McFee
Director
Office of Aged Services
Premier's Office, Sydney
New South Wales, Australia

"I am going to do something unusual," Gillian McFee began, explaining that she intended to concentrate on the problems that the Department of Housing faces in New South Wales, rather than discussing its accomplishments. Her presentation centred on the activities of the newly established Project Development Unit (PDU), with which she has been involved. The unit was set up to deal with the problems of offering a Housing and Services Program for older people in a state housing authority that had previously only provided housing for persons who could live independently.

To set the scene, she explained that funds for housing came from two commonwealth government programs: a public housing program funded under the Commonwealth-State Housing Agreement; and a residential care program through which the commonwealth government provides funds for hostels and nursing homes to primarily nonprofit organizations.

Commenting on the unsatisfactory nature of this system, she noted that it produced a situation where "you end up funding institutions or funding buildings to provide services, rather than providing funding for buildings" and having another program specifically to provide services. After almost two years' work, she said, it seems that this goal may be achievable.

McFee explained that three pieces of legislation that used to provide services such as Meals-on-Wheels, home care and community nursing, had recently been replaced by the Home and Community Care Act (HACC). Under the HACC program, joint commonwealth-state funding is made available to local community organizations as well as to the Home Care Services authority (for home care services), Department of Housing (for home modification and maintenance services), and Department of Health (for community nursing services). Coordination of service provision is provided by HACC.

The Department of Housing has traditionally considered itself simply the provider of shelter to a homogeneous group of elderly members of the population. It has been difficult, McFee said, to sensitize the Department to the importance of the care component of housing needs.

One role of PDU was to initiate a mixed-tenure retirement program that provided housing and services for the elderly of all income levels so that tenure includes both ownership and rental and there is a cross-subsidization between the two. PDU's other role is to manage the home maintenance and modification sub-program of HACC.

PDU was set up, said McFee, "because our population is aging." Currently, about 14% of the population is over 65, and in less than 30 years this figure will grow to 22%, forcing a shift in the current focus on housing the healthy elderly. The second reason for establishing PDU was to ensure that low- and middle-income elderly people, who make up the vast majority of seniors in Australia, have adequate housing. Its third *raison d'etre* was to alter the current focus on a choice between merely housing the well elderly or offering them institutional care without providing intermediate options. The last year has seen the development of new government policies to reorient funding towards community care options, although "we have a long way to go," she said. And finally, McFee added, PDU was set up in recognition of the possible joint-venture opportunities available in the provision of housing and care programs.

She reiterated the importance of equity and user's rights as guiding principles of service provision. By user's rights, she said, Australia means putting consumers first, giving residents the maximum opportunity to share in the running of their homes, offering them protection in terms of financial and tenure arrangements and ensuring that the housing is designed and managed in ways that deal with the resident on an individual basis, not on a group basis.

McFee went on to discuss each element of the program in turn.

Design

In an effort to design housing for seniors that "enables them to maximize their independence," the program encourages movement away from hostels (large facilities made up of long corridors with rows of bed-sitting rooms where all day-to-day activities must be undertaken communally) in favour of independent housing.

When congregate housing is designed, she said, "we are at the stage where we say that perhaps there needs to be a more direct relationship between the building and the services, particularly in the case of housing for people suffering from dementia."

McFee described a project in the Sidney area where the Department has the opportunity to buy a 5-hectare site that could hold 200 units. Rather than build a retirement village there, the Department proposes to put in roads and build small neighbourhoods with family housing, some individual seniors' housing, and a congregate facility for dementia sufferers. All residents would be able to arrange for care services as and when required.

She then illustrated the design principles with slides showing good and bad housing examples: long, dark corridors, large buildings, lack of privacy or personal space versus small, individually differentiated housing in an attractive setting.

User's Rights

Most Australian states are introducing consumer protection legislation to ensure that older people who enter retirement housing are given adequate information about their situation and have security of tenure.

"The commonwealth government has set up a users' rights consultancy," said McFee, and the housing and services systems "are working together to develop outcome standards for all our residential care and community care programs." The fundamental question, she said, is "what sort of lifestyle and what sort of opportunities do we want to provide and how do we know when we have provided them?"

Services

"We are trying to provide services to people, not to buildings, and we are trying to avoid situations where the people providing services wear uniforms," noted McFee. The government is encouraging the provision of multi-skilled workers to act as seniors' advocates, offering assistance but helping residents do as much for themselves as possible.

This approach was motivated by the success of the Community Options Program. The government provides up to Aus $200 a week per resident, money that can be spent on whatever services the resident chooses. The recipients have been identified as needing hostel or nursing home care, and the money is used to provide the services or modifications that will enable the individual to stay at home. Entrants to the program are first asked what they need to avoid them having to move into care facilities. In some cases it may be just a question of enhancing services already provided, in other cases it may be only slight modifications to their homes.

The program has been running for a year but preliminary figures show that its weekly cost ranges from Aus $19.50 to $233.00 per resident, as compared to weekly costs of between $120.00 and $200.00 for hostel care, and $465 for nursing home care. McFee noted that 19 of 53 people assessed as needing nursing home care and 60 of 143 people considered to need hostel care were able to remain in their homes because of the Community Options Program.

Current thinking is that the same approach could be applied to the design of residential care settings, where people may enter the housing at different stages and receive a continuum of care in accordance with their changing needs.

Financing Options

Resident-funded retirement housing is financed in a number of ways, McFee explained. Residents may make non-refundable entry donations, or may pay near market value, but upon departure receive back an amount equivalent to market value less a share of any capital gains and less a defined management fee. These fees represent a public policy issue, she said, because they go to the private sector developer or to finance the activities of the voluntary organization that was involved with the housing project. Many nonprofit organizations have become quite wealthy due to this approach, as substantial sums are involved, and there is no guarantee that they will be used to finance other projects that will benefit older people, even though the seed funding came from the taxpayer.

To ensure that surpluses are allocated to housing for low-income residents, the government is establishing individual project trust funds in which all such profits must be kept, with binding agreements to determine acceptable uses of each fund. This new approach to funding resulted from a study called "Financing Options for Retirement Housing," which recommended the use of a historic costing approach.

Under this system, the state and commonwealth governments provide seed money for the construction of retirement housing, but people who have equity in their home can invest in a retirement housing trust fund and get a market return from their investment. The trust is also structured to take advantage of the taxation and social security systems, maximizing the investor's return and encouraging private investment for retirement housing projects.

Retirement housing residents pay a rent that is adjusted only to reflect inflation rates. The rents and investments pay for the project over the first few years and then begin to produce surplus funds that can be used to build other projects, provide enhanced services or reduce rents for residents. The system exemplifies how creative thinking can benefit "target groups that perhaps are not being catered to by the free-market process," McFee noted. It is planned to set up this scheme, on a state-wide basis, to facilitate joint venturing between government, the private sector and voluntary organizations.

She went on to show slides and discuss several projects funded this way, such as a congregate housing project in Roseland, near Sidney, offering a hostel level of care. It was a joint venture: the local council provided the land and the state and commonwealth governments contributed seed money. Half the project will be rental and half will be resident-funded.

McFee referred to another project, Chestwood, as "perhaps one of the best-located projects we have in

New South Wales." It, too, is a joint venture, where the local council provided land valued at $3 million. It consists of a high-rise building with studio, one and two-bedroom apartments and a main floor community centre. Various services, such as recreational activities, Meals-on-Wheels and an alarm system are provided by the project's community centre.

Commenting on this project, McFee mentioned that because of the structure of the two commonwealth funding programs, the department was obliged to build the bed-sitting-rooms with services, rather than the independent units it was recommending. The commonwealth government recently modified its program to allow individual care packages to be offered, but the project is an example of the difficulties inherent in trying to turn policies into projects "on the ground," McFee pointed out.

Her third case study concerned a project in the town of Glooa that was a good example of building houses for people and providing appropriate services separately. She mentioned a woman who, upon admission to the Glooa project, was emotionally and socially deprived and in poor physical health after having lived in a nursing home. Now able to shop and attend church, she is organizing a cooperative to sell the crafts made by project residents.

McFee summed up the lessons of these case studies with the words, "I think we are at the point in Australia where one needs to go as far as one can. You will make mistakes along the way but that will just teach you to do it more appropriately the next time. I think these mistakes at the outset are not nearly as severe as doing what we have done in the past, which is institutionalizing people."

She then listed the main points that should be considered by those planning housing and support services:

- Poor policy and program coordination is always a problem, and has certainly been a major constraint in Australia;
- It is a mistake to have too few housing and service options, because the tendency when institutionalization seems to be the only option, is for seniors to cling to the staying-put end of the continuum and not think about the options in between;
- Different financing options are needed, and to achieve this a multi-disciplinary skill level is essential;
- Attitudes an; lack of expertise can be major stumbling blocks. For example, one reason New South Wales is setting up a joint- venture model, at arms length from government, rather than simply providing voluntary organizations with all funding, is that some of these organizations do not think in terms of normalization, user rights and who benefits from financial surpluses;
- Definitions of acceptable care levels and outcome standards at different points along the continuum must be agreed to at the policy level of government.

McFee added that, because of the difficulties in providing housing and services within a housing department that sees its role as just providing shelter, PDU is beginning to have projects run by appointed boards of directors who operate at arms-length from government. She noted, however, that "when you start getting into age-integrated projects you have to link back into your housing authority."

Questions and Answers

In response to a question from the floor about housing for persons with dementia, McFee said that her department felt this was most appropriately done through congregate housing. This setting provides a direct relationship between the services and housing that can be achieved through various design approaches. At Roseland, for example, bathrooms are shared by two residents and the rooms are organized around a central courtyard so that wanderers will not get lost. Noting that Australia may be more conservative in its designs than countries such as Sweden, she again encouraged planners to take chances on making mistakes when trying new ideas.

When asked about housing costs in Australia, McFee explained that units in some of the projects she had shown cost Aus $35,000-$40,000 per unit, excluding land. Congregate housing units cost about Aus $50,000. The Commonwealth government provides a capital subsidy of Aus $40,000 per unit for housing intended for financially disadvantaged people.

AWARDS PROGRAM

One highlight of the Conference was the inauguration of Canada Mortgage and Housing Corporation's biennial Housing Awards, established to recognize innovation in the creation of suitable and affordable housing. In this, the first year of the Awards Program, the theme was "Housing for Seniors."

CMHC President George Anderson told participants the Corporation was "overwhelmed" by the number of outstanding applications it received for this year's awards, with 130 groups or individuals entering their projects or activities in the competition.

The winners, by category, included:

FINANCING AND TENURE AWARD

Shared by Wade Kaste of the Manitoba Housing Corporation and Jack Evans of the Kiwanis Club of Winnipeg Inc., the Manitoba Housing Corporation developed and implemented the Seniors' Rental Start Program. It provides for direct tenant participation in financing new rental accommodation for seniors by using the "Life Lease" concept.

The Kiwanis Club of Winnipeg shares the award for its initiative in using the program to provide appropriate accommodation for seniors.

Honourable Mention

Shirley Schmid of Vancouver, B.C., for the introduction of a non-profit cooperative, fully financed by its members using the concept of full equity recovery.

Honourable Mention

Yves Bissonette of Pierrefonds, Quebec, for the creation of a financing scheme by the Habitation Populaire Desjardins de Montréal et de l'Ouest de Québec, which enables the production of cooperative housing without government assistance.

Honourable Mention

Ylanko Veli of Toronto, for the introduction of multiple- tenure and tenancy arrangements in an ethnic seniors community building that provides adequate and affordable housing without government assistance.

TECHNOLOGY AND PRODUCTION AWARD

Dan Boyd of the Yukon Housing Corporation in Whitehorse, for the introduction of technology in a seniors building which affords greater comfort, increased durability, better air quality and energy savings.

PLANNING AND REGULATION AWARD

Joseph Slomiany of the Polish Gymnastic Association Sokol of Brandon, Manitoba, for the combination of a 32-unit seniors' housing community with a kindergarten to grade three school, that provides for intergenerational interaction and future building flexibility.

Honourable Mention

Tom Schwartz of Intraurban Projects of Toronto, for the development of a 24-unit seniors infill condominium in a mature neighbourhood of Toronto. A thoughtful marketing plan and some relaxation of parking regulations yielded affordable and satisfactory accommodation.

IMPLEMENTATION/REALIZATION AWARD

Susan Samila, of the Hesperus Fellowship Community in King, Ontario, for the harmonious integration of financial, design, care and social activity components into a 19-unit, two-storey seniors apartment, in a rural setting.

Honourable Mention

Clement Demers of the Société Immobilière du Patrimoine Architecturale de Montréal, for the renovation and restoration of the Historic Bon-Pasteur monastery in Montreal, to include seniors' rental units.

Honourable Mention

Daniel Jenkins of Jenkins and Sturges Architects of Calgary, for the design of Anthonian Court seniors' housing that incorporates apartments and townhouses in an effective arrangement around a common landscaped court.

Honourable Mention

David Howard and Alan Waisman of Intercare Corporation and Waisman, Dewar, Grout and Carter Architects respectively, for the Parkwood, Victoria, congregate-care seniors' residence that supports independent living with services and social activities.

Honourable Mention

Tom Larsen of Courtenay, B.C., for the construction and marketing of affordable, one-storey, small houses for seniors in established small-city neighbourhoods.

MANAGEMENT AWARD

Don Richmond of the Metropolitan Toronto Housing Company Limited, for the introduction and implementation of a seniors' housing registry through the utilization of on-line, real time computer technology. The registry automatically matches applicants with available accommodation and places them on a priorized waiting list.

Honourable Mention

Claire Dimock of Elliot Lake Retirement Living, for the conception and successful implementation of a marketing plan that utilizes existing but unused housing stock in a resource town in decline, to provide adequate and affordable housing for seniors.

Honourable Mention

Ron Davis of Moncton Kinsmen, for the implementation and management of a small 32-resident apartment for seniors, in which staff and volunteers provide a closely knit community environment.

More detailed information about specific award recipients is available by contacting:

Public Affairs Centre
CMHC National Office
682 Montreal Road
Ottawa, Ontario
K1A 0P7

EXHIBITS

Exhibits on display during the conference provided an extension of the formal conference program. Well attended by conference participants, the exhibition offered an opportunity to talk to representatives of private industry, research organizations, national associations and government agencies about new thrusts in the area of seniors' housing and to try innovative products that facilitate accessibility.

The following is a list of exhibitors:

- Abbeyfield Houses Society of Canada
- Barrier Free Design Centre
- Canada Mortgage and Housing Corporation
- Canadian Association of Housing and Renewal Officials
- Canadian Home Builders' Association
- Canadian Institute of Senior Centres
- Cooperative Housing Foundation of Canada
- Design One Interiors
- Granberg Superior Systems Inc.
- La Vida Communities Inc.
- National Advisory Council on Aging
- New Brunswick Housing Corporation / New Brunswick Department of Health and Community Services
- New Horizons Program and Seniors Independence Program
- Nova Scotia Department of Housing
- One Voice, the Canadian Seniors Network
- Ontario Association of Non Profit Homes and Services for Seniors
- Ontario Ministry of Housing
- Peel Non-profit Housing Corporation
- Physio E.R.P. Ltd.
- Rural and Small Town Research and Studies Program (Mount Allison University)
- The Royal Canadian Legion
- Saskatchewan Housing Corporation
- Seniors' Secretariat (Health and Welfare Canada)
- Simon Fraser University
- Statistics Canada
- Today's Seniors
- Tunstall Telecom Limited
- Veterans' Affairs Canada

A special theme exhibit was developed by CMHC which featured examples from a broad range of accommodation options promoting independence for seniors, whether the choice is to move or remain at home. The theme exhibit was designed in components to allow for future display of individual sections of the exhibit, where space and/or subject consideration would make that preferable to display of the entire exhibit. For information about the exhibit and its availability, contact:

Bob Stone
Chief, Audio Visual and Exhibits
1410 Blair Place
Gloucester, Ontario
K1J 9B9

THE NORTHWOOD COMPLEX:

HALIFAX FACILITY SHOWS PRINCIPLES AT WORK

Situated in Halifax's North End, this large facility consists of 259 seniors' apartments, 279 "care beds" offering supervisory or personal care, a 306-bed nursing home, 73 single-room units, and a multi-purpose activity centre. A seniors' day centre offers services from Monday to Thursday, with a special Friday program for dementia patients. Other programs include a children's day centre, respite care, a vacation program, a "Life-line" service, and Telecare.

Lloyd Brown, President of Northwood Care Inc. and Northwood Multi-Purpose Centre, gave conference participants a guided tour of the facility on Wednesday, October 19. He explained that the project was launched 26 years ago as a non-profit, charitable venture. A separate company established last year, Northwood Home Care Inc., provides services to the surrounding community on a fee-for-service basis.

The multi-purpose centre takes up a large ground-floor area, with attractive atria connected to the two high-rise sections of the complex. The 860 residents of the complex are members of the Centre, and 650 members of the surrounding community each pay $9 per year to take part. Established in 1976 with assistance from the federal New Horizons program, the centre now offers over 60 programs run by seniors, including choir, drama groups, classes, a private television station, and support services. Plans are also under way to establish an independent radio station.

The Northwood Complex also includes a 450-seat, multi-purpose room with stage, craft rooms, a gift shop, a bar and a lounge, as well as a mini-market and barbershop that are contracted out. The facility is an outstanding example of the housing options available to seniors, provided through a combination of private, nonprofit and government initiatives.

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- Canadian Pensioners Concerned
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